This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

63863

			Return completed workbook by
STATEMENT OF ACCOUNT	FOR COPYRIG		email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Systems (Short Form)	2/28/2025		
		\$	For additional information, contact the U.S. Copyright Office
General instructions are located			Licensing Division at: Tel: (202) 707-8150
in the first tab of this workbook		ALLOCATION NUMBER	
A ACCOUNTING PERIOD COV	/ERED BY THIS STATEMENT: (YYYY/(I	Period))	
2024/02	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
2024/02			
	20242 Barcode Data Filing Period (optional -	see instructions)	
Accounting			
Period			
Instructions:			
	owner of the cable system. If the owner is a subsidiary of	another corporation, give the full corporate title	e of the
S subsidiary, not that of the pare	ent corporation.		

List any other name or names under which the owner conducts the business of the cable system.

If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.

Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
Tellico Telephone Company, Incorporated
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)

		Tellico Telephone Company, Incorporated							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		525 Junction Road							
1	(Number, street, rural route, apartment, or suite number)								
	Madison, WI 53717								
		(City, town, state, zip)							
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
	TDS Telecom, Inc.								
		MAILING ADDRESS OF CABLE SYSTEM:							
	2								
	~	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Owner

Accounting Period: 2		FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 63863						
Nullio	Tellico Telephone Company, Incorporated							
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
Serveu								
	CITY OR TOWN	STATE						
First Community	Tellico Plains	TN						
Add Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								STEM ID
Name	Tellico Telephone Compa	ny, Incorpora	ated						6386
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category								
	subscriber who pays extra for cable first set" and would be counted onc Block 2: If your cable system has	that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together							
	sufficient.								
	BL	OCK 1 NO. OF					BLOCK	(2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CAT	TEGORY OF SER	VICE	SUBSCRIBERS	RATE
	Residential:								
	• Service to first set		957	\$30/mo					
	Service to additional set(s) EM radio (if congrete rate)								
	• FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								
	Residential		957	\$6/Mo.					
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE		CATEGO	ORY OF SERVI		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	¢0.00.¢45.00		ion: Non-resid	ential				
	Pay cable Pay cable—add'l channel	\$8.00-\$15.00		el, hotel imercial		\$0 - \$50.00			
	Fire protection		• Con			φυ - φ30.00			
	•Burglar protection		-	cable-add'l cha	nnel				
	Installation: Residential			protection					1
	• First set	\$0-\$49.95		lar protection					
	 Additional set(s) 	\$0-\$49.95	Other s	ervices:]
	• FM radio (if separate rate)		• Rec	onnect		\$0-\$25.00			
	• Converter		• Disc	onnect					
				et relocation		19.98-39.96			
				e to new addres					

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM				
Name	Tellico Telephone Com	pany, Incorporated		638				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis stations, see page (v) of the general instructions. Column 1 : List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2 : Give the channel number the FCC assigned to the television station, for independent station, or a noncommercial educational station, by entering the letter "N" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For (be set the location of each station. For U.S. stations, is the community to which the station is identified.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WATE	6.1	N	Knoxville, TN				
	WATE-DT2	6.2	N-M	Knoxville, TN				
Add Rows as Necessary	WATE-DT3	6.3	N-M	Knoxville, TN				
	WATE-DT4	6.4	N-M	Knoxville, TN				
	WVLT	8.1	N	Knoxville, TN				
	WVLT-DT2	8.2	N-M	Knoxville, TN				
	WVLT-DT3	8.3	N-M	Knoxville, TN				
	WTNZ	43.1	N	Knoxville, TN				
	WTNZ-DT2	43.2	N-M	Knoxville, TN				
	WTNZ-DT3	43.3	N-M	Knoxville, TN				
	WBIR	10.1	N	Knoxville, TN				
	WBIR-DT2	10.2	N-M	Knoxville, TN				
	WBIR-DT3	10.3	NI 14					
		10.5	N-M	Knoxville, TN				
	WBIR-DT4	10.4	N-M	Knoxville, TN Knoxville, TN				
	WBIR-DT4	10.4		Knoxville, TN				
	WBIR-DT4 WBXX	10.4 20.1	N-M I	Knoxville, TN Crossville, TN				
	WBIR-DT4 WBXX WBXX-DT2	10.4 20.1 20.2	N-M I I-M	Knoxville, TN Crossville, TN Crossville, TN				
	WBIR-DT4 WBXX WBXX-DT2 WBXX-DT3	10.4 20.1 20.2 20.3	N-M I I-M I-M	Knoxville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN				
	WBIR-DT4 WBXX WBXX-DT2 WBXX-DT3 WBXX-DT4	10.4 20.1 20.2 20.3 20.4	N-M I I-M I-M I-M	Knoxville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN				
	WBIR-DT4 WBXX WBXX-DT2 WBXX-DT3 WBXX-DT4 WBXX-DT5	10.4 20.1 20.2 20.3 20.4 20.5	N-M I I-M I-M I-M	Knoxville, TN Crossville, TN				
	WBIR-DT4 WBXX WBXX-DT2 WBXX-DT3 WBXX-DT4 WBXX-DT5 WKOP	10.4 20.1 20.2 20.3 20.4 20.5 15.1	N-M I I-M I-M I-M E	Knoxville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN Knoxville, TN Knoxville, TN				
	WBIR-DT4 WBXX WBXX-DT2 WBXX-DT3 WBXX-DT4 WBXX-DT5 WKOP WKOP-DT2	10.4 20.1 20.2 20.3 20.4 20.5 15.1 15.2	N-M I I-M I-M I-M E E E-M	Knoxville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN Knoxville, TN Knoxville, TN Knoxville, TN				
	WBIR-DT4 WBXX WBXX-DT2 WBXX-DT3 WBXX-DT4 WBXX-DT5 WKOP WKOP-DT2 WKOP-DT3	10.4 20.1 20.2 20.3 20.4 20.5 15.1 15.2 15.3	N-M I I-M I-M I-M E E E-M	Knoxville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN Knoxville, TN Knoxville, TN Knoxville, TN Knoxville, TN Knoxville, TN				
	WBIR-DT4 WBXX WBXX-DT2 WBXX-DT3 WBXX-DT4 WBXX-DT5 WKOP WKOP-DT2 WKOP-DT2 WKNX	10.4 20.1 20.2 20.3 20.4 20.5 15.1 15.2 15.3 7.1	N-M I I-M I-M I-M E E E-M E-M I	Knoxville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN Knoxville, TN				
	WBIR-DT4 WBXX WBXX-DT2 WBXX-DT3 WBXX-DT4 WBXX-DT5 WKOP WKOP-DT2 WKOP-DT2 WKNX	10.4 20.1 20.2 20.3 20.4 20.5 15.1 15.2 15.3 7.1	N-M I I-M I-M I-M E E E-M E-M I	Knoxville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN Knoxville, TN				
	WBIR-DT4 WBXX WBXX-DT2 WBXX-DT3 WBXX-DT4 WBXX-DT5 WKOP WKOP-DT2 WKOP-DT2 WKNX	10.4 20.1 20.2 20.3 20.4 20.5 15.1 15.2 15.3 7.1	N-M I I-M I-M I-M E E E-M E-M I	Knoxville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN Knoxville, TN				
	WBIR-DT4 WBXX WBXX-DT2 WBXX-DT3 WBXX-DT4 WBXX-DT5 WKOP WKOP-DT2 WKOP-DT2 WKNX	10.4 20.1 20.2 20.3 20.4 20.5 15.1 15.2 15.3 7.1	N-M I I-M I-M I-M E E E-M E-M I	Knoxville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN Crossville, TN Knoxville, TN				

	LEGAL NAME OF OWNER OF (CABLE SYSTEM:		SYSTEM I				
Name	Tellico Telephone Com			6386				
	PRIMARY TRANSMITTERS:							
_	In General: In space G. iden	tify every television station (including trans	later stations and low newer television s	tations)				
G		during the accounting period, except (1)						
		effect on June 24, 1981, permitting the ca						
Primary		(2) and (4), or 76.63 (referring to 76.61(e)	2) and (4))]; and (2) certain stations car	ried on a				
ransmitters:		explained in the next paragraph.						
Television		With respect to any distant stations carried as, regulations, or authorizations:	by your cable system on a substitute pr	rogram				
		in space G—but do list it in space I (the S	pecial Statement and Program Log)—if the	he				
	station was carried <i>only</i> on a							
		so in space I, if the station was carried bot	h on a substitute basis and also on some	e other				
		concerning substitute basis stations, see						
		Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each						
	multicast stream associated with a station according to its over-the-air designation. For example, report multistream							
	"WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community							
	of license. For example, WRC is channel 4 in Washington, D.C.							
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial							
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"							
			etwork multicast), "I" (for independent), "	ʻI-M"				
	(for independent multicast), "	E" (for noncommercial educational), or "E-	etwork multicast), "I" (for independent), " M" (for noncommercial educational multi	ʻI-M"				
	(for independent multicast), " For the meaning of these terr	E" (for noncommercial educational), or "E- ns, see page (iv) of the general instruction	etwork multicast), "I" (for independent), " M" (for noncommercial educational multi is in the paper SA1-2 form.	'I-M" icast).				
	(for independent multicast), " For the meaning of these terr Column 4: Give the location	E [*] (for noncommercial educational), or "E- ns, see page (iv) of the general instruction of each station. For U.S. stations, list the	etwork multicast), "I" (for independent), " M" (for noncommercial educational multi is in the paper SA1-2 form. community to which the station is license	'I-M" icast). ed by the				
	(for independent multicast), " For the meaning of these terr Column 4: Give the location	E" (for noncommercial educational), or "E- ns, see page (iv) of the general instruction	etwork multicast), "I" (for independent), " M" (for noncommercial educational multi is in the paper SA1-2 form. community to which the station is license	'I-M" icast). ed by the				
	(for independent multicast), " For the meaning of these terr Column 4: Give the location	E [*] (for noncommercial educational), or "E- ns, see page (iv) of the general instruction of each station. For U.S. stations, list the	etwork multicast), "I" (for independent), " M" (for noncommercial educational multi is in the paper SA1-2 form. community to which the station is license	'I-M" icast). ed by the				
	(for independent multicast), " For the meaning of these terr Column 4: Give the location	E [*] (for noncommercial educational), or "E- ns, see page (iv) of the general instruction of each station. For U.S. stations, list the	etwork multicast), "I" (for independent), " M" (for noncommercial educational multi is in the paper SA1-2 form. community to which the station is license	'I-M" icast). ed by the				
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	E" (for noncommercial educational), or "E- ms, see page (iv) of the general instruction of each station. For U.S. stations, list the an stations, if any, give the name of the co	etwork multicast), "I" (for independent), " M" (for noncommercial educational multi is in the paper SA1-2 form. community to which the station is license immunity with which the station is identif	'I-M" icast). ed by the ñed.				
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	E" (for noncommercial educational), or "E- ms, see page (iv) of the general instruction of each station. For U.S. stations, list the an stations, if any, give the name of the co	etwork multicast), "I" (for independent), " M" (for noncommercial educational multi is in the paper SA1-2 form. community to which the station is license immunity with which the station is identif	'I-M" icast). ed by the ñed.				
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	E" (for noncommercial educational), or "E- ms, see page (iv) of the general instruction of each station. For U.S. stations, list the an stations, if any, give the name of the co	etwork multicast), "I" (for independent), " M" (for noncommercial educational multi is in the paper SA1-2 form. community to which the station is license immunity with which the station is identif	'I-M" icast). ed by the ñed.				
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	E" (for noncommercial educational), or "E- ms, see page (iv) of the general instruction of each station. For U.S. stations, list the an stations, if any, give the name of the co	etwork multicast), "I" (for independent), " M" (for noncommercial educational multi is in the paper SA1-2 form. community to which the station is license immunity with which the station is identif	'I-M" icast). ed by the ñed.				
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	E" (for noncommercial educational), or "E- ms, see page (iv) of the general instruction of each station. For U.S. stations, list the an stations, if any, give the name of the co	etwork multicast), "I" (for independent), " M" (for noncommercial educational multi is in the paper SA1-2 form. community to which the station is license immunity with which the station is identif	'I-M" icast). ed by the ñed.				
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	E" (for noncommercial educational), or "E- ms, see page (iv) of the general instruction of each station. For U.S. stations, list the an stations, if any, give the name of the co	etwork multicast), "I" (for independent), " M" (for noncommercial educational multi is in the paper SA1-2 form. community to which the station is license immunity with which the station is identif	'I-M" icast). ed by the ñed.				
	(for independent multicast), " For the meaning of these terr Column 4: Give the location FCC. For Mexican or Canadia	E" (for noncommercial educational), or "E- ms, see page (iv) of the general instruction of each station. For U.S. stations, list the an stations, if any, give the name of the co	etwork multicast), "I" (for independent), " M" (for noncommercial educational multi is in the paper SA1-2 form. community to which the station is license immunity with which the station is identif	'I-M" icast). ed by the ñed.				

EGAL NAME OF (Fellico Telepi								SYSTEM I 638
	every radio stat	ion carrie	d on a separate and discrete bas ally receivable by your cable syst			ied on an		н
eceivable if (1) it on the basis of me for detailed informa paper SA1-2 form Column 1: Ide Column 2: Sta Column 3: If the ignal, indicate th Column 4: Giv	is carried by the contoring, to be mation about the number of the call sig- te whether the me radio station is by placing a re the station's	ne system received ne Copyr gn of eacl station is 's signal check ma location (was electronically processed by t ark in the "S/D" column. (the community to which the stati	ystem's headend, a 's FM antenna, du int, see page (v) of the cable system a on is licensed by ti	and (2) it can be ring certain stai f the general ins s a separate an	e expecte ted interv structions nd discret	ed, als. a in the. te	Primary Transmitters Radio
		-	community with which the station			0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
I/A								
						 		

Accounting Period	: 2024/02						FORI	M SA1-2E. PAGE 5
Nome	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYSTEM ID#
Name	Tellico Telephone Com	bany, Incor	porated					63863
Substitute	SUBSTITUTE CARRIAGE: In General: In space I, identify basis during the accounting p programming that must be inc	/ every nonnet eriod, under sp	twork television p becific present ar	program, broadcast by a distand former FCC rules, regulatic	ns, or authoriz	ations. For a further		
Carriage: Special	1. SPECIAL STATEMENT				·- p-p ·			
Statement and	During the accounting period				nonnetwork te	levision program		
Program Log	broadcast by a distant static	•		,, a cascinate sacio, any				X NO
	2		.				ES	
	Note: If your answer is "No",	leave the rest	t of this page bla	ank. If your answer is "Yes," y	ou must com	plete the program		
	log in block 2.							
	period, was broadcast by a d under certain FCC rules, reg Do not use general categorie "NBA Basketball: 76ers vs. B Column 2: If the program Column 3: Give the call si Column 4: Give the broad the case of Mexican or Cana Column 5: Give the month first. Example: for May 7 give Column 6: State the times to the nearest five minutes. E stated as "6:00–6:30 p.m."	ute program c e, please add f every nonne istant station ulations, or au es like "movies ulls." was broadcas gn of the stati cast station's dian station's dian stations, n and day when the sul example: a pro- "R" if the listed d regulations	on a separate lin additional rows twork television and that your ca thorizations. Se or "basketball. st live, enter "Ye on broadcasting location (the co if any, the comre on your system co obstitute program bogram carried by ed program was in effect during	to the tables. program ("substitute program ble system substituted for the page (v) of the general ins "List specific program titles, s." Otherwise enter "No." the substitute program. munity to which the station nunity with which the station carried the substitute program was carried by your cable s (a system from 6:01:15 p.m.) substituted for programming the accounting period; enter	n") that, during e programmin tructions for fu- for example, is licensed by is identified). n. Use numera ystem. List the to 6:28:30 p.1 that your sys the letter "P"	g the accounting g of another station urther information. "I Love Lucy" or the FCC or, in als, with the month times accurately m. should be tem was <i>required</i> if the listed program		
							RIAGE	
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	OCCURRED 6. TIMES		7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
	N/A							
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period: 20	024/02		FORMS	6.05 SA1-2E. PAGE 6					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		:	SYSTEM ID#					
	Tellico Telephone Company, Incorporated			63863					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you parall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary is (as identified in space E) during the accounting period. For a further explanation of how to compute page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ransmission serv	vice e	3,872.57 pss receipts)					
	COPYRIGHT ROYALTY FEE								
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equivier block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,6 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	600							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LE								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must p accounting period is \$52.00	bay for this six-mo	nth						
	Line 1. Royalty fee for accounting period								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more	e than \$137,100)							
	1. Base amount under statutory formula	263,800.00							
	2. Enter amount of gross receipts from space K	213,872.57							
	3. Subtract line 2 from line 1	49,927.43							
	4. Enter the amount of gross receipts from space K	\$	213,872.57						
	5. Enter the amount from line 3	\$	49,927.43						
	6. Subtract line 5 from line 4	\$	163,945.14						
	7. Multiply line 6 by .005 (enter figure here)		\$	819.73					
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		\$	819.73					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	1. Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula	263,800.00							
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00						
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	819.73						
Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	839.73					
	EFT Trace # or TRANSACTION ID #		[
	Important: Your remittance must be in the form of an electronic payment payable t See page i of the general instructions in the paper SA1-2 form and the Excel instruct								

Accounting Period: 2	024/02			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE Tellico Telephone Company, I			SYSTEM ID# 63863
M Channels	to its subscribers, and (2) the ca 1. Enter the total number of char	able system's total number nnels on which the cable vadcast stations		24 152
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACT we can contact about this statem		ATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Mitchell M	laier	Τε	elephone (608) 886-8210
	Address 525 Juncti (Number, street, r Madison, V (City, town, state,	rural route, apartment, or suite no WI 53593	imber)	
	Email <u>Fir</u>	nance@tdstelecom.com	Fax (optional)	
O Certification	I, the undersigned, hereby certify the undersigned, hereby certify the comparison of the comparis	that (Check one, but only on poration or partnership) I a than corporation or partne ace B and that the owner is i am an officer (if a corporation ace B. account and hereby declare	and signed in accordance with Copyright Office regulations) e, of the boxes.) am the owner of the cable system as identified in line 1 of space B; ership) I am the duly authorized agent of the owner of the cable sy tot a corporation or partnership; or a) or a partner (if a partnership) of the legal entity identified as own under penalty of law that all statements of fact contained herein nformation, and belief, and are made in good faith.	/stem as identified
			/s/ Thomas Bader electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
	ту	yped or printed name:	Thomas Bader	
	Ti		ant Treasurer al position held in corporation or partnership)	
	Da	ate:	February 12, 2025	5
Drivery Act Notices		as Cada authorizas the Convr	aht Office to collect the personally identifying information (PII) request	

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

ounting Period: 2024/02	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ico Telephone Company, Incorporated	63863
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. 	
Owner Address ID number First community served	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.