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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY DATE RECEIVED AMOUNT										
DATE RECEIVED AMOUNT	FOR COPYRIGHT OFFICE USE ONLY									
	DATE RECEIVED	AMOUNT								
\$ ALLOCATION NUMBER	02/27/2018									

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α		NUMERIC DEPLOY COVEDED BY THE STATEMENT (MANAGED IN)							
^	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting		20172 Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner		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							
		Communications Corporation of Indiana							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)							
		Madison, WI 53717-2152 (City, town, state, zip)							
С		RUCTIONS: 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:							
	<u>'</u>	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 Offce'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.

Accounting Period:	2017/2	FORM SAL 2E PAGE IN
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	Communications Corporation of Indiana	63690
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated conditions)." 47 C.F.R. 76.5(dd). The first community that you 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	ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Whitestown	IN
Community	Zionsville	IN
	Clayton	IN
Add Rows as Necessary	Plainfield	IN
	Amo	IN
	Stilesville	IN
	Coatesville	IN
	Mooresville	IN
	Liberty	IN

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Communications Corporation of Indiana

63690

Ε

Secondary Transmission Service: Subscribers 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 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 with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLG	OCK 1	BLOCK 2						
0.4.75.0.00\/.05.0.50\/.05	NO. OF	5475	0.4750000/ 05 050//05	NO. OF	DATE			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Residential:								
 Service to first set 	1,260	20.00/mo						
 Service to additional set(s) 								
FM radio (if separate rate)								
Motel, hotel								
Commercial								
Converter								
Residential	1,260	0-8.00/mo						
Non-residential								
		T						

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.

BLOCK 1								
RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE					
	Installation: Non-residential							
14-19.99/mo	Motel, hotel							
	Commercial							
	• Pay cable							
	Pay cable-add'l channel							
	Fire protection		***************************************					
	Burglar protection							
0-49.95	1							
	Reconnect							
	Disconnect							
	Outlet relocation							
	Move to new address							
	RATE 14-19.99/mo 0-49.95	RATE CATEGORY OF SERVICE Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation	RATE CATEGORY OF SERVICE RATE Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection O-49.95 • Reconnect • Disconnect • Outlet relocation	RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation				

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63690

Communications Corporation of Indiana

G

Primary Transmitters: Television

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, *except* (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 *not* 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 *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

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" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WISC	3.1	N	Madison, WI
WNDY	23.1	<u> </u>	Marion, IN
WTTK	29.1	N	Kokomo, IN
WXIN	59.1	N	Indianapolis, IN
WRTV	6.1	N	Indianapolis, IN
WFYI	20.1	E	Indianapolis, IN
WISH	8.1	<u>l</u>	Indianapolis, IN
WTHR	13.1	N	Indianapolis, IN
WDTI	69.1	<u> </u>	Indianapolis, IN
WRTV-DT2	6.2	N-M	Indianapolis, IN
WTHR-DT2	13.2	N-M	Indianapolis, IN
WISH-DT2	8.2	I-M	Indianapolis, IN
WTTK-DT2	29.2	N-M	Kokomo, IN
WXIN-DT3	59.3	N-M	Indianapolis, IN
WFYI-DT2	20.2	E-M	Indianapolis, IN
WNDY-DT2	23.2	I-M	Marion, IN
WISH-DT3	8.3	I-M	Indianapolis, IN
WTTK-DT3	29.3	N-M	Kokomo, IN
WXIN-DT2	59.2	N-M	Indianapolis, IN

Add Rows as Necessary

Accounting Period	: 2017/2			FORM SA1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#					
Name	Communications Cor	poration of Indiana		63690					
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary Transmitters: Television	In General: In space G, ide carried by your cable systel FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, a Substitute Basis Stations basis under specific FCC rules to not list the station here station was carried only one List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channed flicense. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these to Column 4: Give the locations.	entify every television station (including m during the accounting period, exceptin effect on June 24, 1981, permitting to e)(2) and (4), or 76.63 (referring to 76.63 (referring to 76.63); with respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (in a substitute basis. also in space I, if the station was carried on concerning substitute basis stations in's call sign. Do not report origination d with a station according to its over-the	of (1) stations carried only on a part-tithe carriage of certain network progra 61(e)(2) and (4))]; and (2) certain statistarried by your cable system on a substitute basis and also be the Special Statement and Program Level both on a substitute basis and also be the special Statement and Program Level both on a substitute basis and also be the special statement and Program Level basis and also be page (v) of the general instruction program services such as HBO, ESP in the services are designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Communications Corporation of Indiana

63690

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A						 	
	†						
							
	 		 				
	 						
						 	
	_						
	†						
	 						
	 						
						 	
	 						
	 						
	 						
							
	_						
	†						
	 						
	 						
	 						
						 	
	_					 	
	L						
	†						
	 						
	 						
							
	_						
	†						

od: 2017/2						FOR	RM SA1-2E. PAGE 5.			
							SYSTEM ID# 63690			
In General: In space I, identi substitute basis during the acexplanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri	fy every nor ecounting pe ing that mus CONCER od, did you	nnetwork televis eriod, under spe at be included in RNING SUBST	sion program, broadcast ecific present and former this log, see page (v) of TITUTE CARRIAGE	by a <i>distant</i> st FCC rules, reg the general ins	ulations, or a tructions in t	uthorizations. he paper SA1	. For a further -2 form.			
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in										
S 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONT	RIAGE OCO	TIMES	7. REASON FOR DELETION			
	SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the act explanation of the programmi 1. SPECIAL STATEMENT • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, recommended to the call substituted in the program Column 3: Give the call substituted for program Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	Communications Corporation of SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every not substitute basis during the accounting preexplanation of the programming that must 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please a Column 1: Give the title of every not period, was broadcast by a distant statifunder certain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcound 3: Give the call sign of the secolumn 4: Give the broadcast static the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that y effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMEI In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this pag log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional r Column 1: Give the title of every nonnetwork televi period, was broadcast by a distant station and that yo under certain FCC rules, regulations, or authorizations Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the the case of Mexican or Canadian stations, if any, the or Column 5: Give the month and day when your sys first. Example: for May 7 give "5/7." Column 6: State the times when the substitute pro to the nearest five minutes. Example: a program carrie stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system wa effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L In General: In space I, identify every nonnetwork television program, broadcast substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute b broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitu period, was broadcast by a distant station and that your cable system substitu under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progr "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute prog Column 4: Give the broadcast station's location (the community to which t the case of Mexican or Canadian stations, if any, the community with which t Column 6: Side the times when the substitute program was carried by yo to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete un effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	Communications Corporation of Indiana SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stsubstitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general ins 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonn broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you n log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever por clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the program cretain FCC rules, regulations, or authorizations. See page (v) of the general instruction on to use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 5: Give the broadcast station's location (the community to which the station is lict the case of Mexican or Canadian stations, if any, the community with which the station is lict column 5: Give the month and day when your system carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S SUBST	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in to 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE **During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televibroadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must comple log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I L "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the tit to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the was substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable syste substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progra log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another statunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatio Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "INBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is loentified). Column 5: Give the broadcast station's location (the community to which the station is loentified). Column 6: State the times when the substitute program was carried by your cable system. List the times accurate to the nearest five minutes. Exam			

ccounting Period:		SAL NAME OF O	WNER OF CAE	BLE SYSTE										-2E. PAGE STEM II
Name	l l	mmunicat				liana								6369
K Gross Receipts	Ins all a (as	ROSS RECE structions: T amounts (gro identified in ge (vii) of the Gross rece	he figure yours see receipts space E) do general institutes from su) paid to uring the structions ubscriber	your cat account located s for sec	ble system ting period. I in the pap condary trai	by subso For a fuler SA1-2 nsmission	ribers for to ther explain form. In service(s	he system nation of h	n's secoi now to c	ndary trar ompute th	nsmission senis amount,	ervice see	
	IMF	during the a										\$ (Amount	,	413.05 receipts)
L Copyright Royalty Fee	• Cor • Use • Use • Use	YRIGHT ROuctions: To a mplete block 1 if the block 2 if the block 3 if the block 3 if the block (vi) of the	compute the 1, block 2, le amount con amount	e royalty or block of gross r of gross r of gross r	 3. eceipts i eceipts i eceipts i 	in space K in space K in space K	is more t	han \$137,1 han \$263,8	300 but le	ss than S		o \$263,800		
				E	3LOCK	1: GROSS	RECEI	PTS OF \$	137,100 (OR LES	S			
		tructions: As a counting perio		em with g	ross rece	eipts of \$13	7,100 or I	ess, the roy	alty fee th	at you m	nust pay fo	or this six-mo	onth	
	Line	e 1. Royalty fe	ee for accou	inting per	iod									
	Line	e 2. Interest c	harge. Ente	er the am	ount from	n line 4, spa	ice Q, pa	ge 8						0.00
												· ·		
	Line	e 3. TOTAL R				ECEIPTS						-		
	1. E	Base amount						,	,		3,800.00	· · ·		
		Enter amount									4,413.05	_		
		Subtract line 2									9,386.95	_		
		Enter the amo										_ 224,413.0)5	
	5. E	Enter the amo	unt from line	e 3						\$		39,386.9	95	
	6. 8	Subtract line 5	from line 4							\$		185,026.1	0	
	7. N	Multiply line 6	by .005 (ent	ter figure	here)							\$		925.13
	8. lı	nterest charge	e. Enter the	amount	from line	4, space Q	, page 8							0.00
	9. T	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8											!	925.13
			BLOCK	< 3: GR(OSS RE	CEIPTS C	F MORE	THAN \$2	263,800 (but less	than \$52	27,600)		
	1. E	Enter the amo	unt of gross	receipts	from spa	ace K								
		Base amount	_								3,800.00	_		
		Subtract line 2										_		
	4. N	Multiply line 3	by .01							<u></u>				
	5. F	Royalty due o	n the first \$2	263,800 o	f gross re	eceipts (und	der statute	ory formula)		<u>\$</u>		1,319.0	00_	
	6. Ir	nterest charge	e. Enter the	amount	from line	4, space Q	, page 8			· · ·		0.0	00_	
	7. T	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6												
				FILIN	G FEE	AND TOTA	AL REMI	TTANCE I	DUE					
Filing Fee and Total Remittance	1. F	Royalty Fee P	ayable for A	ccounting	g Period	(from Block	1, 2, or 3	s, above)		<u>\$</u>		925.1	3	
Due	2. F	Filing Fee (Se	e the instruc	ctions for	more info	ormation on	filing fee	calculation	s)	<u>\$</u>		20.0	00_	
	3. Т	TOTAL AMOU	JNT DUE FO	OR ACC	OUNTING	G PERIOD.	Add line	es 2 and 3				\$,	945.13
		Importan	t: Your ren	nittance	must be	in the forn	n of an e	ectronic pa	ayment pa	ayable to	o the Reg	ister of Cop	yright	ts!
		ļ 						-		-	re informa	-	, 3	

Accounting Period:	2017/2																		FORM SA	1-2E. I	PAGE 7
Name	LEGAL NAME OF OWNE Communications C	ER OF CABLE SYSTEM: Corporation of Indiana	1																,		EM ID# 63690
M Channels	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 408																				
N Individual to Be Contacted		CONTACTED IF FURTHI this statement of account		ORM	RMAT	TION IS	S NEE	DED (Id	entify a	an ind	dividu	ıal to v	whom	l							
for Further Information	Name Pe	ggy Smykal												Teleph	none (802)	485-9	748			
	(Nur	Depot Square, Uni nber, street, rural route, apartro orthfield, VT 05663 r, town, state, zip)	ment, or suit	suite ni	e num	iber)															
	Email	finance@tdstele	ecom.cor	om	ו						Fa	x (opti	ional)								
O Certification	I, the undersigned, he (Owner other (Agent of orin line 1) X (Officer orin line 1) I have examined the second	Typed or printed Title: (Title of of	artnership tion or pa where is no f a corpora hereby dec knowledge	partner partne	rone,) I am rtners a con tion) c lare u , infor	ship) I a rporation or a parameter sign and a ron	boxes where of am the on or pa rther (ii enalty n, and i v. Ti surer	duly au artnersh f a partn of law the belief, and on the listing and the signature.	thorized thorized ip; or ership) at all sl at all sl d are r	em as d ager of the tatemenade i	ents of in go	tified in the own all entity of fact od fait y this s omith)	n line vner o y iden conta h.	1 of spa	ace B; oble sys	tem as					
		Date:									26	Febru	uary 2	2018							

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 the 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 telephon 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 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

ounting Period: 2017/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
mmunications Corporation of Indiana	63690
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."	P Special Statement Concerning Gross Receipts Exclusion
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	
Name Mailing Address Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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@loc.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 Accounting period	

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 th 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.