Cable
Worksheet

	able)		<u>\$</u>						
U W	orksheet			Total amount of	Total amount of remittance		Number of SAs rec'd		Initials	
				Date of remittar	ice		Check	☐ EFT	☐ FILING FEE	
Cable ID #								Amount/I	nitials	
Examined by	R	Reviewe	ed by	Date examination completed	Allo	ocation r	number	\$		
Space A Accounting					<u>'</u>					
Period	Janua	ary 1 – J	une 30, 20		☐ July	y 1 – Dece	ember 31, 20			
	Letter	r sent			☐ Info	ormation	n received			
	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space B Owner										
	Letter	r sent			☐ Info	ormatio	n received			
	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space D Area Served										
	Letter	r sent			☐ Info	ormation	n received			
	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space E Secondary Transmission										
Service Subscribers: and Rates	Letter	r sent			☐ Info	ormatio	n received			
and Rates	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space G Primary Transmitters: Television										
	Letter	r sent			☐ Info	ormation	n received			
	☐ Accep	oted	☐ Phone call/D	ate/Contact						
Space H Primary Transmitters:										
Radio	☐ Accep	oted	☐ Phone call/D	ate/Contact						

			Space I Substitute Carriage
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space J Part-time Carriage Log
Letter sent		☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact		
			Space K Gross Receipts
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space L Copyright Filing and Royalty Fees
Royalty Fee s	hould be \$	Refund request to fiscal	
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space M Channels
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space O Certification
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space P Statement of Gross Receipts
Letter sent		☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact		
			Space Q Interest Assessment
Letter sent		☐ Info/add'l fee received	
☐ Accepted	☐ Phone call/Date/Contact		

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
	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	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
	Price County Telephone Company
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO Box 108 [Number, street, rural route, apartment, or suite number)
	Phillips, WI 54555 (City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
System	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
a your m	1 Service of Gable
	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 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 filing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM I
Name	Price County Telephone Company	25
	Instructions: List each separate community served by the cable system. A "community	
В	separate and distinct community or municipal entity (including unincorporated commu	unities within unincorporated areas and including single discr
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	e as a form of system identification hereafter known as the "
	community." Please use it as the first community on all future filings.	e as a form or system identification fiereafter known as the
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	ma parks should be reported in parentheses below the identi
Area	city.	the parks should be reported in parentheses below the ident
Served	icity.	
	CITY OR TOWN	STATE
First	Phillips	WI
Community	Park Falls	WI
	Town of Eisenstein	
		WI
Rows as Necessary	Town of Elk	WI
	Town of Emery	WI
	Town of Fifield	WI
	Town of Flambeau	WI
	Town of Hackett	WI
	Town of Harmony	WI
	Town of Lake	WI
	Town of Prentice	WI
	Town of Winter	WI
	Town of Worcester	WI
	Village of Prentice	WI
	Village of Creffice	YYI
		· · · · · · · · · · · · · · · · · · ·
	- Duringe	
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		and the second s

Accounting Period: 2018/2

FORM SA1-2E, PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name Price County Telephone Company

SYSTEM ID# **2526**

E

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.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	54	40.00	IPTV Basic	176	50.95
Service to additional set(s)			Expanded	1,105	58.95
• FM radio (if separate rate)			Additional Set	1,067	4.95
Motel, hotel					
Commercial			IPTV Commercial	17	43.00
Converter	124000000000000000000000000000000000000				
Residential			Motel 1-10	16	2.40
Non-residential			11+	23	1.90
			1		

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	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.50	Motel, hotel			
Pay cable—add'l channel		Commercial			
Fire protection		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	35.00	Burglar protection			
Additional set(s)	35.00	Other services:			
 FM radio (if separate rate) 		Reconnect	20.00		
Converter		Disconnect			
		Outlet relocation	35.00		
		Move to new address			

Accounting Period: 2018/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:
Price County Telephone Company

SYSTEM ID#
2526

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, 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 RICAST CHANNEL NUMBER 2 TYPE OF STATION

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WSAW-DT	7-1	N	Wausau, WI
MeTV	7-2	N-M	Wausau, WI
WLEF-HD	36-1	E	Park Falls, WI
WPT2	36-2	E-M	Park Falls, WI
WPT3	36-3	E-M	Park Falls, WI
WPT4	36-4	E-M	Park Falls, WI
WAOW-DT	9	N	Wausau, WI
CW	9-2	N-M	Wausau, WI
Decades	9-3	N-M	Wausau, WI
WJFW-DT	12-1	N	Rhinelander, WI
Antenna TV	12-2	N-M	Rhinelander, WI
WZAW-LD	33-1	N	Wausau, WI
Me-TV	33-2	N-M	Wausau, WI
MOVIES	33-3	N-M	Wausau, WI

Add Rows as Necessary

Acco	untina	Period:	2018/2
MUUU	ununa	renou.	2010/2

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Price County Telephone Company

SYSTEM ID#

2526

PRIMARY TRANSMITTERS: RADIO

paper SA1-2 form.

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.

H

Primary Transmitters: Radio

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.

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 STATIO
52,916%				07/07/07/07/07			
		CONTROL OF	,				***************************************
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Accounting Perio	d· 2018/2					r00	Meador Dage		
Accounting 1 cito	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:	A		FOR	M SA1-2E, PAGE 5. SYSTEM ID#		
Name	Price County Telepho						2526		
I	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a	ify every no	nnetwork televis	sion program, broadcast be ecific present and former F	y a <i>distant</i> sta CC rules, regi	ulations, or authorizations.	For a further		
Substitute Carriage: Special Statement and Program Log	explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant state Note: If your answer is "Note"	CONCER riod, did you ion?	NING SUBST ur cable systen	TITUTE CARRIAGE n carry, on a substitute ba	asis, any non	network television progra	NO		
	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 substituted to delete under FCC rules and regulations in effect d								
	1. TITLE OF PROGRAM	2. LIVE?	TE PROGRAM 3. STATION'S		CARF 5. MONTH		7. REASON FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO — — — —			
					-				

Name	2018/2 LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I					
Name	Price County Telephone Company	252					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	\$ 445,331.76					
		(Amount of gross receipts)					
L Copyright Royalty Fee	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 equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.						
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00	nis six-month					
	Line 1. Royalty fee for accounting period						
	Line 2, Interest charge, Enter the amount from line 4, space Q, page 8						
	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 than \$137,						
	1. Base amount under statutory formula						
	2. Enter amount of gross receipts from space K						
	3. Subtract line 2 from line 1						
	Enter the amount of gross receipts from space K						
	5. Enter the amount from line 3						
	6. Subtract line 5 from line 4						
	7. Multiply line 6 by .005 (enter figure here)						
	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	-					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)					
	1. Enter the amount of gross receipts from space K						
	1. Enter the amount of gross receipts from space K						
	1. Enter the amount of gross receipts from space K \$ 445,331.76 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 \$ 181,531.76						
	1. Enter the amount of gross receipts from space K \$ 445,331.76 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 \$ 181,531.76 4. Multiply line 3 by .01 \$	1,815.32					
	1. Enter the amount of gross receipts from space K \$ 445,331.76 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 \$ 181,531.76 4. Multiply line 3 by .01 \$ 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,815.32 1,319.00					
	1. Enter the amount of gross receipts from space K. \$ 445,331.76 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 \$ 181,531.76 4. Multiply line 3 by .01 \$ \$ 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ \$ 6. Interest charge. Enter the amount from line 4, space Q, page 8	1,815.32 1,319.00 0.00					
	1. Enter the amount of gross receipts from space K \$ 445,331.76 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 \$ 181,531.76 4. Multiply line 3 by .01 \$ 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,815.32 1,319.00 0.00					
	1. Enter the amount of gross receipts from space K. \$ 445,331.76 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 \$ 181,531.76 4. Multiply line 3 by .01 \$ \$ 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ \$ 6. Interest charge. Enter the amount from line 4, space Q, page 8	1,815.32 1,319.00 0.00					
Filing Fee and	1. Enter the amount of gross receipts from space K. \$ 445,331.76 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 \$ 181,531.76 4. Multiply line 3 by .01 \$ \$ 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ \$ 6. Interest charge. Enter the amount from line 4, space Q, page 8. 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	1,815.32 1,319.00 0.00 \$ 3,134.32					
Filling Fee and otal Remittance Due	1. Enter the amount of gross receipts from space K	1,815.32 1,319.00 0.00 \$ 3,134.32					
otal Remittance	1. Enter the amount of gross receipts from space K. \$ 445,331.76 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 \$ 181,531.76 4. Multiply line 3 by .01 \$ \$ 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ \$ 6. Interest charge. Enter the amount from line 4, space Q, page 8. 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	1,815.32 1,319.00 0.00 \$ 3,134.32					
otal Remittance	1. Enter the amount of gross receipts from space K	1,815.32 1,319.00 0.00 \$ 3,134.32					
otal Remittance	1. Enter the amount of gross receipts from space K. \$ 445,331.76 2. Base amount under statutory formula \$ 263,800.00 3. Subtract line 2 from line 1 \$ 181,531.76 4. Multiply line 3 by .01 \$ \$ 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ \$ 6. Interest charge. Enter the amount from line 4, space Q, page 8 \$ \$ 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ FILING FEE AND TOTAL REMITTANCE DUE 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ \$ 2. Filing Fee (See the instructions for more information on filing fee calculations) \$	1,815.32 1,319.00 0.00 \$ 3,134.32 3,134.32 20.00					

Accounting Period:	ng Period: 2018/2 FORM SA1-2E, PAGE 7.								
Name	LEGAL NAME OF OWNER OF Price County Telephon						SYSTEM ID# 2526		
M Channels	 to its subscribers, and (2) Enter the total number system carried television Enter the total number on which the cable systems 	of channels on which the on broadcast stations of activated channels tem carried television br	al number of activat ne cable 	ne cable system carried televis ed channels during the accoun	iting period.	14 206	,		
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)								
Information	Phillip				releptione	715-339-2154			
	Email	messj@pctcnet.net		Fa	x (optional				
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]								
		Typed or printed nam	er signature using ar ne: John Me ec/Treasurer	ature on the line above to certify "/s/ signature" (e.g., /s/ John Sn SS corporation or partnership)					
		Date:			02/13/2019				

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.

ccounting Period: 2018/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
rice County Telephone Company	2526
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 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 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 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.