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 COPYRIGH | T OFFICE USE ONLY | Return completed workbook by email to: |
|--|--------------------------|-------------------|---|
| for Secondary Transmissions by Cable Systems (Short Form) | DATE RECEIVED | AMOUNT | <u>coplicsoa@loc.gov</u> For additional information. |
| General instructions are located | 00/00/00 40 | \$ | contact the U.S. Copyright Office Licensing Division at: |
| in the first tab of this workbook | 02/26/2019 | ALLOCATION NUMBER | Tel: (202) 707-8150 |
| | | | |
| A ACCOUNTING PERIOD COVERE | D BY THIS STATEMENT: (YY | YY/(Period)) | |

| ~ | ACCU | JUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|----------------------|------|---|-------|
| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| | | 20182 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. | 63390 |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | |
| | | Union Information Systems | |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) | |
| | | | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 96 | |
| | | (Number, street, rural route, apartment, or suite number) Plainfield, WI 54966 | |
| | | (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 u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | |
| | | 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.

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | FORM SA1-2E. PAG |
|---------------------|---|---|
| Name | | 633 |
| | Union Information Systems | |
| _ | Instructions: List each separate community served by the cable system. A "commun | |
| D | "a separate and distinct community or municipal entity (including unincorporated co | |
| _ | discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li | ist will serve as a form of system identification hereafter kno |
| | as the "first community." Please use it as the first community on all future filings. | |
| Area | Note: Entities and properties such as hotels, apartments, condominiums, or mobile h | nome parks should be reported in parentheses below the |
| Served | identified city. | |
| | | |
| | | 1 |
| | CITY OR TOWN | STATE |
| First | Almond | WI |
| Community | Buena Vista | WI |
| | Plainfield | WI |
| d Rows as Necessary | Almond Village | WI |
| | Oasis | WI |
| | Hancock | WI |
| | Coloma | WI |
| | | |
| | Lanark | WI |
| | Pine Grove | WI |
| | Belmont | WI |
| | Richfield | WI |
| | Colburn | WI |
| | Grant | WI |
| | Leola | WI |
| | Coloma Village | WI |
| | Hancock Village | WI |
| | Richford | WI |
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| | Plainfield Village | WI |
| | Deerfield | WI |
| | Rose | WI |
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| | LEGAL NAME OF OWNER OF CA | BLE SYSTEM. | | | | | | | -2E. PAGE |
|-------------------------------|--|-------------------|-------------------------|------------------------------|--------------|------------------|---------------|----------------|-----------|
| Name | Union Information Syste | | | | | | | 010 | 6339 |
| | onion mormation byste | 3115 | | | | | | | |
| Е | SECONDARY TRANSMISSION | | | - | - | | | | |
| - | In General: The information in sp system, that is, the retransmission | | | | | | | | |
| Secondary | about other services (including p | | | | | | | | |
| Transmission | last day of the accounting period | | | | | | 1 | harden a | |
| Service: Sub- scribers and | Number of Subscribers: Both down by categories of secondary | | | | | | | | |
| Rates | each category by counting the nu | | | | | | | | |
| | separately for the particular servi Rate: Give the standard rate cl | | | | | | | a and the | |
| | unit in which it is generally billed. | | | | | | | | |
| | category, but do not include disc | ounts allowed | for adva | ince payment. | | | | | |
| | Block 1: In the left-hand block | | | • | | | | | |
| | systems most commonly provide that applies to your system. Note | | | | | | | | |
| | categories, that person or entity | should be cour | nted as a | a subscriber in | each appl | icable category. | Example: | a residential | |
| | subscriber who pays extra for ca | | | | | in the count un | der "Servic | e to the | |
| | first set" and would be counted o Block 2: If your cable system h | | | | | service that are | different fr | om those | |
| | printed in block 1 (for example, ti | ers of services | s that inc | clude one or m | ore second | lary transmissio | ns), list the | em, together | |
| | with the number of subscribers a sufficient. | nd rates, in the | e right-h | and block. A tv | vo- or three | e-word descripti | on of the s | ervice is | |
| | | DCK 1 | | | | | BLOCK | < 2 | |
| | | NO. OF | | DATE | 0.17 | | | NO. OF | |
| | CATEGORY OF SERVICE Residential: | SUBSCRIB | ERS | RATE | CATE | EGORY OF SEF | RVICE | SUBSCRIBERS | RAT |
| | Service to first set | | 577 | 32.95 | Expand | led | | 358 | 84. |
| | Service to additional set(s) | | 417 | 4.95 | HD | 104 | | 114 | 11. |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | | | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMIS | SIONS: RATE | s | | | | |
| Е | In General: Space F calls for rat | e (not subscrib | per) infor | rmation with re | spect to all | | | | |
| F | not covered in space E, that is, the | | | | | , | , | | |
| Services | service for a single fee. There and furnished at cost or (2) services of | | | | | | | | |
| Other Than | amount of the charge and the un | it in which it is | | | | | | | |
| Secondary Fransmissions: | enter only the letters "PP" in the Block 1: Give the standard rate | | ho coble | system for or | ch of tho c | nnlicable convic | oc listod | | |
| Rates | Block 2: List any services that | | | | | | | were not | |
| | listed in block 1 and for which a s | separate charg | je was n | nade or establi | | | | | |
| | brief (two- or three-word) descrip | tion and inclue | de the ra | ite for each. | | | | | |
| | | BLO | | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | | ORY OF SER | | RATE | CATEGO | ORY OF SERVICE | RAT |
| | Continuing Services: Pay cable | | | ation: Non-res tel, hotel | idential | | нво | | 18.0 |
| | • Pay cable—add'l channel | | | nmercial | | | Cinema | ax | 10.0 |
| | Fire protection | | | / cable | | | | Encore | 13. |
| | •Burglar protection | | · · | / cable-add'l ch | annel | | Showti | | 14. |
| | Installation: Residential | | | e protection | | | Playbo | | 15.0 |
| | First set | - | • Bur | glar protection | | | | | |
| | Additional set(s) | 25.00 | Other s | services: | | | Service | e Call | 30.0 |
| | • FM radio (if separate rate) | | | connect | | 19.00 | | | |
| | Converter | | | connect | | | | | |
| | | | Out | let relocation | | | | | |
| | | | | ve to new addr | | | | | |

| ounting Period: 2 | 2018/2 | | | FORM SA1-2E. PAGE 3 |
|--|--|--|---|---|
| Name | LEGAL NAME OF OWNER OF | | | SYSTEM ID |
| | Union Information Sy PRIMARY TRANSMITTERS: | | | 63390 |
| G Primary ransmitters: Television | carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location | also in space I, if the station was carrier on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the | arried by your cable system on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepo- or "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station | time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | WACY | 32 | N | GREEN BAY/APPLETON, WI |
| | WACW | 9.1 | N | WAUSAU/RHINELANDER, WI |
| Rows as Necessary | WACW | 9.2 | N | WAUSAU/RHINELANDER, WI |
| | WACW | 9.3 | Ν | WAUSAU/RHINELANDER, WI |
| | WBAY | 2.1 | Ν | GREEN BAY/APPLETON, WI |
| | WBAY | 2.2 | Ν | GREEN BAY/APPLETON, WI |
| | WFRV | 5 | Ν | GREEN BAY/APPLETON, WI |
| | WGBA | 26 | N | GREEN BAY/APPLETON, WI |
| | WHRM | 20.1 | Ν | WAUSAU/RHINELANDER, WI |
| | WHRM | 20.2 | Ν | WAUSAU/RHINELANDER, WI |
| | WHRM | 20.3 | Ν | WAUSAU/RHINELANDER, WI |
| | WHRM | 20.4 | Ν | WAUSAU/RHINELANDER, WI |
| | WIWB | 14 | I | GREEN BAY/APPLETON, WI |
| | WLUK | 11 | Ν | GREEN BAY/APPLETON, WI |
| | WSAW | 7.1 | N | WAUSAU/RHINELANDER, WI |
| | WSAW | 7.2 | N | WAUSAU/RHINELANDER, WI |
| | WSAW | 7.3 | N | WAUSAU/RHINELANDER, WI |
| | WOAN | 1.5 | | |
| | WSAW | 55 | N | WAUSAU/RHINELANDER, WI |
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| Accounting P | eriod: 2018 | /2 | | | | | FORM | /I SA1-2E. PAGE 4 |
|---|--|--|---|---|---|--|---|-----------------------------------|
| LEGAL NAME OF | | | (STEM: | | | | | SYSTEM ID# |
| Union Inform | nation Sys | tems | | | | | | 6339 |
| | t every radio s | station ca | arried on a separate and discr nerally receivable by your cat | | | | | н |
| receivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G | it is carried b monitoring, to prmation abou- rm. dentify the cal tate whether the radio stat this by placing Sive the station | y the sys be recein at the Co I sign of a the static ion's sig g a check n's locati | I-Band FM Carriage: Under of stem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the | at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen | adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC | 2) it can ertain st general i eparate | be expected, tated intervals. nstructions in the. and discrete | Primary Transmitters: Radio |
| | | | | | | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| | od: 2018/2 | | | | | | FOR | M SA1-2E. PAGE 5. |
|----------------------|--|---------------|------------------|---|-------------------|-------------------------|-------------|---------------------------|
| News | LEGAL NAME OF OWNER OF | | TEM: | | | | | SYSTEM ID# |
| Name | Union Information Sys | stems | | | | | | 63390 |
| | SUBSTITUTE CARRIAGI | E: SPECIA | AL STATEME | NT AND PROGRAM LO | 3 | | | |
| I | In General: In space I, identi substitute basis during the a | ccounting pe | eriod, under spe | ecific present and former FC | C rules, regula | ations, or autho | orizations. | For a further |
| Substitute | explanation of the programm | | | | e general instru | uctions in the pa | aper SA1- | -2 form. |
| Carriage: Special | 1. SPECIAL STATEMEN | | | | | | | |
| Statement and | During the accounting per | - | ir cable system | carry, on a substitute basi | s, any nonnet | work televisior | n program | |
| Program Log | broadcast by a distant sta | tion? | | | | | YES | × NO |
| | Note: If your answer is "No | , leave the | rest of this pag | e blank. If your answer is ' | Yes," you mu | ist complete th | e prograr | n |
| | log in block 2. | | | | | | | |
| | 2. LOG OF SUBSTITUTE | E PROGRA | MS | | | | | |
| | In General: List each subst | | | | wherever pos | sible, if their m | eaning is | |
| | clear. If you need more spa | | | rows to the tables. ision program ("substitute p | program") tha | t during the ac | counting | |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, re | gulations, o | r authorization | s. See page (v) of the gene | eral instruction | ns for further in | formation | 1. |
| | Do not use general categor "NBA Basketball: 76ers vs. | | vies" or "baske | tball." List specific program | i titles, for exa | ample, "I Love | Lucy" or | |
| | | | dcast live, ente | r "Yes." Otherwise enter "N | 0." | | | |
| | Column 3: Give the call | sign of the s | station broadca | sting the substitute progra | m. | | | |
| | Column 4: Give the broat the case of Mexican or Can | | | e community to which the | | | CC or, in | |
| | | | | tem carried the substitute | | | n the mon | nth |
| | first. Example: for May 7 giv | /e "5/7." | | | - | | | |
| | | | | gram was carried by your o | | | | ly |
| | to the nearest five minutes. stated as "6:00–6:30 p.m." | Example: a | a program carri | ed by a system from 6:01:1 | 5 p.m. to 6:2 | 8:30 p.m. shou | lid be | |
| | | er "R" if the | listed program | was substituted for progra | mming that y | our system wa | s require | d |
| | to delete under FCC rules a | | | | | | | am |
| | was substituted for program effect on October 19, 1976. | | our system wa | s permitted to delete under | r FCC rules a | nd regulations | in | |
| | | | | | | | | |
| | | | | | r - r | | | 1 |
| | s | UBSTITUT | TE PROGRAM | 1 | | N SUBSTITU AGE OCCUR | | 7. REASON FOR |
| | S | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED | 7. REASON FOR DELETION |
| | | | | 4. STATION'S LOCATION | CARRI | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
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| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
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| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | AGE OCCUR 6. TIME | RED Es | |

| Accounting Period: | 2018/2 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|---|----------------------------------|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | S | STEM ID# |
| | Union Information Systems | | 63390 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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. | mission service s amount, see | e , 219.00 |
| L Copyright | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. | | |
| Royalty Fee | 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 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. | \$263,800 | |
| | 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 accounting period is \$52.00 | this six-month | |
| | Line 1. Royalty fee for accounting period | \$ | 52.00 |
| | 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 | \$ | 52.00 |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, | 100) | |
| | 1. Base amount under statutory formula \$ 263,800.00 | | |
| | 2. Enter amount of gross receipts from space K | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. 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) | |
| | 1. Enter the amount of gross receipts from space K | | |
| | 2. Base amount under statutory formula | | |
| | 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 | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | 52.00 | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 15.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | \$ | 67.00 |
| | Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat | | hts! |

| Accounting Period: | 2018/2 | | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|--|---|
| Name | | F OWNER OF CABLE SYSTEM: nation Systems | SYSTEM ID# 63390 |
| M Channels | to its subscrib 1. Enter the to system carri 2. Enter the to on which the | You must give (1) the number of channels on which the cable system carried television broadcast station bers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ied television broadcast stations | s 21 187 |
| N Individual to Be Contacted | INDIVIDUAL | TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.) | |
| for Further Information | Name | Roxi Hacker Telepho | ne <u>320-848-6641</u> |
| | Address | 130 Birch Avenue West (Number, street, rural route, apartment, or suite number) Hector, MN 55342 (City, town, state, zip) | |
| | Email | roxih@interstatetelcom.com Fax (optional) | |
| O Certification | I, the undersite (Ow (Ag X (Of V) | Consistent of account must be certified and signed in accordance with Copyright Office regulation gred, hereby certify that (Check one, <i>but only one</i> , of the boxes.) There other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or in line 1 of space B. The the statement of account and hereby declare under penalty of law that all statements of fact contained here blete, and correct to the best of my knowledge, information, and belief, and are made in good faith. The the statement of account and hereby declare under penalty of law that all statements of fact contained here blete, and correct to the best of my knowledge, information, and belief, and are made in good faith. The there is the the statement of account is a corporation or partner (if a partnership) of the legal entity identified as or in 1001(1986)] Mathematical and the provided of the partner of the cable of the the partner is the partner is partner in the best of my knowledge, information, and belief, and are made in good faith. The partner is the partner is the partner is the partner is partner on the line above to certify this statement. Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) | B; or system as identified wner of the cable system |
| | | Typed or printed name: Kathy Kehl Title: Secretary/Treasurer | |
| | | (Title of official position held in corporation or partnership) Date: 2/26/19 | |

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 t 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 lay

| unting Period: 2018/2 | | FORM SA1-2E. PAGE |
|--|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM II |
| on Information Systems | | 6339 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the O lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, scribers and amounts collected from subscribers receiving secondary transmisses For more information on when to exclude these amounts, see the note on page (vii) of located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross received made by satellite carriers to satellite dish owners? | Copyright Act by adding the fol- the cable system for the basic , the system shall not include sub- sions pursuant to section 119." the general instructions sipts for secondary transmissions | P Special Statement Concerning Gross Receipts Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below. | .\$ | |
| Name Name Mailing Address Mailing Address | | |
| | | |
| INTEREST ASSESSMENT | | |
| You must complete this worksheet for those royalty payments submitted as a result of a For an explanation of interest assessment, see page (viii) of the general instructions lo | | Q |
| | | |
| Line 1 Enter the amount of late payment or underpayment | | Interest Assessmen |
| Line 1 Enter the amount of late payment or underpayment | x | Interest Assessmen |
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| Line 1 Enter the amount of late payment or underpayment | x | Interest Assessmen |
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| Line 2 Multiply line 1 by the interest rate* and enter the sum here | x | Interest Assessmen |
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| Line 2 Multiply line 1 by the interest rate* and enter the sum here | x | Interest Assessmen |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | x | Interest Assessmen |
| 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 <i>www.copyright.gov/licensing/interest-rate.p</i> contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | x | Interest Assessmen |
| 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 <i>www.copyright.gov/licensing/interest-rate.p</i> | x | Interest Assessmer |
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| Line 2 Multiply line 1 by the interest rate* and enter the sum here | x | Interest Assessmer |
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| Line 2 Multiply line 1 by the interest rate* and enter the sum here | x | Interest Assessmen |
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