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 in the first tab of this workbook | 08/20/2019 | ALLOCATION NUMBER | contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |

| A | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | |
|----------------------|---|--|
| | 2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | |
| | 20191 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. | |
| | X 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 | |
| | Mid-State Telephone | |
| | 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 | INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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. | |
| System | IDENTIFICATION OF CABLE SYSTEM: | |
| | TDS Telecom, Inc. MAILING ADDRESS OF CABLE SYSTEM: | |
| | | |
| | 2 (Number, street, rural route, apartment, or suite number) | |
| | (City, town, state, zip code) | |
| L | | |

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 suffciency of the fling, a determination that would be made by a court of law.

.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|----------------------|--|--|
| Name | Mid-State Telephone | 0 |
| D | Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or | rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings. |
| Area Served | identified city. | nobile nome parks should be reported in parentneses below the |
| | CITY OR TOWN | STATE |
| First | New London | MN |
| Community | | |
| | | |
| dd Rows as Necessary | | |
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| Name E | Mid-State Telephone | | | | | | | | | |
|---|---|--|---|--|--|--|---|--|--|-------|
| E | nina otato relopitorio | | | | | | | | | |
| Secondary Transmission Service: Sub- scribers and Rates | SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity | pace E should on of television ay cable) in space (June 30 or De blocks in space y transmission s umber of billing ice at the rate in harged for each (Example: "\$2 ounts allowed f in space E, the to their subscr Where an inc | cover all cate and radio br ace F, not he ecember 31, be E call for t service. In ge s in that cate ndicated—no n category o 0/mth"). Sur for advance e form lists the ibers. Give to lividual or or | egories of seco oadcasts by yo ere. All the facts as the case ma he number of s eneral, you can egory (the number of service. Includ nmarize any sta payment. he categories of he number of s ganization is re | ondary t our syste s you s ay be). subscrib n compu- ber of p of sets i de both andard f secon subscrib eceiving | em to sub tate must pers to the ute the nui persons or receiving s the amou rate varia dary trans pers and ra service th | scrib be the cab mber orga servi nt of tions smiss ate for nat fa | ers. Give nose existi of subscr anizations ce). the charg within a p sion servic or each lis alls under | information ng on the broken ibers in charged e and the particular rate e that cable ted category different | |
| | subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient. | ble service to a nce again unde has rate catego iers of services | additional set er "Service to ries for seco that include | s would be incl additional set ondary transmis one or more se | luded ir (s)." ssion se econda | n the coun ervice that ry transmi | t uno are ssio | der "Servic different fr ns), list the | e to the om those em, together | |
| | BLO | DCK 1 | | | | | | BLOCK | | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBE | RS F | RATE | CATE | GORY OF | SFF | RVICE | NO. OF SUBSCRIBER | S RAT |
| | Residential: | CODOCIADE | | | 0/1120 | | | WICE | COBCORIBEIR | |
| | Service to first set | | 230 | \$20/mo | | | | | | |
| | Service to additional set(s) | | | | | | | | | |
| | FM radio (if separate rate) | | | | | | | | | |
| | Motel, hotel | | | | | | | | | |
| | Commercial | | | | | | | | | |
| | Converter | | | | | | | | | |
| | Residential | | 230 | \$8/mo | | | | | | |
| | Non-residential | | | | | | | | | |
| F Services Other Than Secondary ransmissions: Rates | SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descript | e (not subscrib- hose services ti e two exceptior or facilities furn it in which it is rate column. e charged by th your cable sys separate charge | er) informati hat are not c ns: you do no ished to non usually billed ne cable sys tem furnishe e was made | on with respect offered in combi- bit need to give subscribers. Ra d. If any rates a tem for each of d or offered du or established. | ination rate info ate info are char f the ap uring the | with any s formation of rmation sl ged on a plicable se accounti | econ conc noulo varia ervic ng p | ndary trans erning (1) d include b able per-pr es listed. eriod that | smission services ooth the ogram basis, were not | |
| | | BLOC | | | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | | | OF SERVICE | | RATE | | CATEG | ORY OF SERVIO | E RAT |
| | Continuing Services: | | | : Non-resident | tial | | | | | |
| | Pay cable Add'l channel | 14-19.99/mo | • Motel, h | | | | | | | |
| | Pay cable—add'l channel Eire protection | | Comment Pay cab | | | | | | | |
| | Fire protection Burglar protection | | • Pay cab | ıe le-add'l channe | | | | | | |
| | •Burglar protection Installation: Residential | | Pay cab Fire prof | | | | | | | |
| | First set | \$0-\$49.95 | • | protection | | | | | | |
| | Additional set(s) | | • Burgiar | | | | | | | |
| | • FM radio (if separate rate) | ψυ-ψ - 3.33 | • Reconne | | | \$0-\$2 | 5 | | | |
| | • Converter | | Reconne Disconn | | | Φ Ω-Φ₹ | | | | |
| | | | | | | 10 08-20 (| 6 | | | |
| | | | Outlet re Move to | new address | | 19.98-39.9 | 0 | | | |

| | | | | eveter |
|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF | F CABLE SYSTEM: | | SYSTEM |
| | Mid-State Telephone | | | |
| G | carried by your cable syste | entify every television station (including m during the accounting period, <i>except</i> | (1) stations carried only on a part | -time basis under |
| rimary | | in effect on June 24, 1981, permitting the) e)(2) and (4), or 76.63 (referring to 76.6 | | |
| smitters: evision | Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and basis. For further informatic Column 1: List each station | s explained in the next paragraph. With respect to any distant stations ca- les, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried 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 | ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc program services such as HBO, ES | a Log)—if the so on some other stions. ;PN, etc. Identify each |
| | "WETA-2" as the same on a Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location | 5 | vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station | r the air in its community a noncommercial bendent), "I-M" tional multicast). n is licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | KSTP | 42.1 | N | St. Paul, MN |
| | KSTP-DT2 | 42.2 | N | St. Paul, MN |
| | KARE | 11.1 | N | Minneapolis, MN |
| | KARE-DT2 | 11.2 | N-M | Minneapolis, MN |
| vs as Necessary | KARE-DT3 | 11.3 | N-M | Minneapolis, MN |
| as as inceessary | | | | |
| is us recessury | KARE-DT4 | 11.4 | N-M | Minneapolis, MN |
| is as necessary | | 11.4 9.1 | N-M N | |
| s is necessary | KARE-DT4 | | | Minneapolis, MN |
| s as necessary | KARE-DT4 KMSP | 9.1 | N | Minneapolis, MN Minneapolis, MN |
| , and the constant of the cons | KARE-DT4 KMSP KMSP-DT4 | 9.1 9.4 | N | Minneapolis, MN Minneapolis, MN Minneapolis, MN |
| , o o recessory | KARE-DT4 KMSP KMSP-DT4 KPXM | 9.1 9.4 41.1 | N | Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Cloud, MN |
| , so s recessory | KARE-DT4 KMSP KMSP-DT4 KPXM KSTC | 9.1 9.4 41.1 5.1 | N N-M I I | Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Cloud, MN Minneapolis, MN |
| , o o recessory | KARE-DT4 KMSP KMSP-DT4 KPXM KSTC KSTC-DT2 | 9.1 9.4 41.1 5.1 5.2 | N N-M I I I I | Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Cloud, MN Minneapolis, MN Minneapolis, MN |
| | KARE-DT4 KMSP KMSP-DT4 KPXM KSTC KSTC-DT2 KSTC-DT3 | 9.1 9.4 41.1 5.1 5.2 5.3 | N N-M I I I-M I-M | Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Cloud, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN |
| | KARE-DT4 KMSP KMSP-DT4 KPXM KSTC KSTC-DT2 KSTC-DT3 KSTC-DT4 | 9.1 9.4 41.1 5.1 5.2 5.3 5.4 | N N-M I I I-M I-M I-M | Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Cloud, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN |
| | KARE-DT4 KMSP KMSP-DT4 KPXM KSTC KSTC-DT2 KSTC-DT3 KSTC-DT4 KTCA | 9.1 9.4 41.1 5.1 5.2 5.3 5.4 2.1 | N N-M i i i-M i-M i-M E | Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Cloud, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Paul, MN |
| | KARE-DT4 KMSP KMSP-DT4 KPXM KSTC KSTC-DT2 KSTC-DT3 KSTC-DT4 KTCA KTCA-DT2 | 9.1 9.4 41.1 5.1 5.2 5.3 5.4 2.1 2.2 | N N-M I I I-M I-M I-M E E E-M | Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Cloud, MN Minneapolis, MN St. Paul, MN St. Paul, MN |
| | KARE-DT4 KMSP KMSP-DT4 KPXM KSTC KSTC-DT2 KSTC-DT3 KSTC-DT4 KTCA KTCA-DT2 KTCI | 9.1 9.4 41.1 5.1 5.2 5.3 5.4 2.1 2.2 17.1 | N N-M i i i-M i-M E E E-M E | Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Cloud, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Paul, MN St. Paul, MN St. Paul, MN |
| | KARE-DT4 KMSP KMSP-DT4 KPXM KSTC KSTC-DT2 KSTC-DT3 KSTC-DT4 KTCA KTCA-DT2 KTCI WCCO | 9.1 9.4 41.1 5.1 5.2 5.3 5.4 2.1 2.2 17.1 4.1 | N N-M I I I-M I-M I-M E E E-M E N | Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Cloud, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Paul, MN St. Paul, MN St. Paul, MN Minneapolis, MN |
| | KARE-DT4 KMSP KMSP-DT4 KPXM KSTC KSTC-DT2 KSTC-DT3 KSTC-DT4 KTCA KTCA-DT2 KTCI WCCO WCCO-DT2 | 9.1 9.4 41.1 5.1 5.2 5.3 5.4 2.1 2.2 17.1 4.1 4.2 | N N-M I I I-M I-M I-M E E E-M E N | Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Cloud, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Paul, MN St. Paul, MN St. Paul, MN Minneapolis, MN Minneapolis, MN |
| | KARE-DT4 KMSP KMSP-DT4 KPXM KSTC KSTC-DT2 KSTC-DT3 KSTC-DT4 KTCA KTCA-DT2 KTCI WCCO WCCO-DT2 WFTC | 9.1 9.4 41.1 5.1 5.2 5.3 5.4 2.1 2.2 17.1 4.1 4.2 29.1 | N N-M I I I-M I-M I-M E E E-M E N N N-M I | Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Cloud, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Paul, MN St. Paul, MN St. Paul, MN Minneapolis, MN |
| | KARE-DT4 KMSP KMSP-DT4 KPXM KSTC KSTC-DT2 KSTC-DT3 KSTC-DT4 KTCA KTCA-DT2 KTCI WCCO WCCO-DT2 WFTC WFTC-DT3 | 9.1 9.4 41.1 5.1 5.2 5.3 5.4 2.1 2.2 17.1 4.1 4.1 4.2 29.1 29.3 | N N-M I I I-M I-M I-M E E E-M E N N N-M I | Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Cloud, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN Minneapolis, MN St. Paul, MN St. Paul, MN St. Paul, MN Minneapolis, MN |
| | KARE-DT4 KMSP KMSP-DT4 KPXM KSTC KSTC-DT2 KSTC-DT3 KSTC-DT4 KTCA KTCA-DT2 KTCI WCCO WCCO-DT2 WFTC WFTC WFTC-DT3 WUCW | 9.1 9.4 41.1 5.1 5.2 5.3 5.4 2.1 2.2 17.1 4.1 4.2 29.1 29.3 23.1 | N N-M I I I-M I-M I-M E E E-M E N N N-M I I I I I I I I | Minneapolis, MNMinneapolis, MNMinneapolis, MNSt. Cloud, MNMinneapolis, MNMinneapolis, MNMinneapolis, MNMinneapolis, MNSt. Paul, MNSt. Paul, MNSt. Paul, MNMinneapolis, MN |

| ounting Period: | - | | | |
|--------------------------|---|--|--|---|
| Name | LEGAL NAME OF OWNER OF | F CABLE SYSTEM: | | SYSTEM II |
| Hamo | Mid-State Telephone | | | |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G | carried by your cable syste | entify every television station (including m during the accounting period, <i>excep</i> | t (1) stations carried only on a part-tir | me basis under |
| Primary Fransmitters: | 76.59(d)(2) and (4), 76.61(6 substitute program basis, a | in effect on June 24, 1981, permitting the)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. | 61(e)(2) and (4))]; and (2) certain stati | ions carried on a |
| Television | basis under specific FCC ru • Do <i>not</i> list the station here | With respect to any distant stations caules, regulations, or authorizations: e in space G—but do list it in space I (t | | |
| | | a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, | | |
| | Column 1: List each station multicast stream associated | n's call sign. <i>Do not</i> report origination p d with a station according to its over-the | program services such as HBO, ESPI | N, etc. Identify each |
| | | the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. | evision station for broadcasting over th | he air in its community |
| | | 0 | station, an independent station, or a | |
| | | | (for network multicast) "I" (for indepen | ndent) "I M" |
| | educational station, by enter (for independent multicast) | ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), o | or "E-M" (for noncommercial educatio | |
| | educational station, by enter (for independent multicast), For the meaning of these te | ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c erms, see page (iv) of the general instru | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. | onal multicast). |
| | educational station, by enter (for independent multicast). For the meaning of these to Column 4: Give the location | ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), o | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is | onal multicast). s licensed by the |
| | educational station, by enter (for independent multicast). For the meaning of these to Column 4: Give the location | ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c erms, see page (iv) of the general instru on of each station. For U.S. stations, list | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is | onal multicast). s licensed by the |
| | educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana | ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i | onal multicast). s licensed by the is identified. |
| | educational station, by enter (for independent multicast). For the meaning of these to Column 4: Give the location | ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c erms, see page (iv) of the general instru on of each station. For U.S. stations, list | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is | onal multicast). s licensed by the |
| | educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana | ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i | onal multicast). s licensed by the is identified. |
| | educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana | ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i | onal multicast). s licensed by the is identified. |
| | educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana | ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i | onal multicast). s licensed by the is identified. |
| | educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana | ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i | onal multicast). s licensed by the is identified. |
| | educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana | ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i | onal multicast). s licensed by the is identified. |
| | educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana | ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i | onal multicast). s licensed by the is identified. |
| | educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana | ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i | onal multicast). s licensed by the is identified. |
| | educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana | ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i | onal multicast). s licensed by the is identified. |
| | educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana | ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i | onal multicast). s licensed by the is identified. |
| | educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana | ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i | onal multicast). s licensed by the is identified. |
| | educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana | ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i | onal multicast). s licensed by the is identified. |
| | educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana | ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i | onal multicast). s licensed by the is identified. |
| | educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana | ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of t | or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i | onal multicast). s licensed by the is identified. |

| EGAL NAME OF Mid-State Te | | CABLE SY | /STEM: | | | | | SYSTEM |
|---|---|--|--|---|---|-------------------------------------|--|----------------------------------|
| | | | | | | | | |
| | every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | н |
| eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf | it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat | y the sys be receint the Co sign of e the static ion's sign | I-Band FM Carriage: Under (stem whenever it is received a wed at the headend, with the opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. | t the system's he system's FM ante this point, see pa | eadend, and (2 enna, during c ge (v) of the g | 2) it can ertain st leneral i | be expected, ated intervals. nstructions in the. | Primary Transmitters Radio |
| Column 4: G | ive the station | n's locati | on (the community to which the the community with which the | | | C or, in | the case of | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
| I/A | | | | | | | | |
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| Accounting Perio | od: 2019/1 | | | | | | FOR | M SA1-2E. PAGE 5. |
|------------------------------|---|-------------------------|---------------------------|--|---------------------|----------------|---------------------|---------------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYSTE | EM: | | | | | SYSTEM ID# |
| Name | Mid-State Telephone | | | | | | | 0 |
| | SUBSTITUTE CARRIAGI | - SPECIAI | STATEME | NT AND PROGRAM I O | 3 | | | |
| | In General: In space I, identi | | - | | | ion that you | ır cable syste | em carried on a |
| - | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | | | | | | | |
| Carriage: | 1. SPECIAL STATEMEN | | NING SUBST | TITUTE CARRIAGE | | | | |
| Special | • During the accounting per | iod, did your | cable system | carry, on a substitute basi | s, any nonne | twork televis | <u>sion</u> progran | n |
| Statement and Program Log | broadcast by a distant sta | tion? | | | | | YES | × NO |
| r rogram Log | Note: If your answer is "No' | ' loovo tho r | ost of this pag | o blank. If your answor is " | | ust complete | - | |
| | | | est of this pay | e blank. Il your answer is | res, you mu | | e une progran | |
| | log in block 2. 2. LOG OF SUBSTITUTE | | MS | | | | | |
| | In General: List each subst | | | te line. Use abbreviations v | wherever pos | sible, if thei | r meaning is | 5 |
| | clear. If you need more spa | | | | | | | |
| | | | | sion program ("substitute p | | | | |
| | period, was broadcast by a under certain FCC rules, re | | | | | | | |
| | Do not use general categori | | | | | | | 1. |
| | "NBA Basketball: 76ers vs. | | | | , | - F - , - | , - | |
| | | | | r "Yes." Otherwise enter "N | | | | |
| | | | | sting the substitute progra to community to which the | | need by the | FCC or in | |
| | the case of Mexican or Can | | | | | | :1000, 11 | |
| | Column 5: Give the mon | th and day w | | tem carried the substitute p | | | with the mor | nth |
| | first. Example: for May 7 giv | | | | | | | |
| | to the nearest five minutes. | | | gram was carried by your o | | | | ly |
| | stated as "6:00–6:30 p.m." | | program carrie | ed by a system norm 0.01. | 5 p.m. to 0.2 | 0.50 p.m. si | | |
| | Column 7: Enter the lette | | | was substituted for progra | | | | |
| | to delete under FCC rules a | | | | | | | am |
| | was substituted for program effect on October 19, 1976. | | our system wa | s permitted to delete undel | r FCC rules a | nd regulatio | ons in | |
| | | | | | | | | T |
| | | | | | | N SUBSTI | | |
| | S | г г | E PROGRAM | | - | AGE OCC | | 7. REASON FOR DELETION |
| | 1. TITLE OF PROGRAM | 2. LIVE? 3 Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | FROM | TIMES — TO | |
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| Accounting Period: | 2019/1 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|--|---------------------------------|----------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Mid-State Telephone | S | YSTEM ID# 0 |
| 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 transs (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 servic s amount, see | e 5,441.95 |
| 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 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, | · · · | |
| | 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 | | |
| | 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 \$ 263,800.00 | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Multiply line 3 by .01 | | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) | 1,319.00 | |
| | 6. Interest charge. Enter the amount from line 4, space Q, page 8 | 0.00 | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | | |
| | FILING FEE AND TOTAL REMITTANCE DUE | | |
| | | | |
| Filing Fee and Total Remittance | 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: | 2019/1 | | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|---|---|
| Name | LEGAL NAME OF Mid-State Te | FOWNER OF CABLE SYSTEM: ephone | SYSTEM ID: (|
| M Channels | to its subscribe 1. Enter the to system carrie 2. Enter the to on which the | You must give (1) the number of channels on which the cable system carried television broade ers, and (2) the cable system's total number of activated channels during the accounting period tal number of channels on which the cable and television broadcast stations | |
| N Individual to Be Contacted | | O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.) | m |
| for Further Information | Name | Stephanie Weber | Telephone (608) 664-4721 |
| | Address | 525 Junction Rd (Number, street, rural route, apartment, or suite number) Madison, WI 53717 | |
| | Email | (City, town, state, zip) | l) |
| O | I, the undersig (Own (Age X (Off I have examin are true, complete | N (This statement of account must be certified and signed in accordance with Copyright Office ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system as identified in line ant of owner other than corporation or partnership) I am the duly authorized agent of the owner n line 1 of space B and that the owner is not a corporation or partnership; or iccer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ide n line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact con ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)] $\underbrace{X /s/ Sharon V. Tisdale}_{Inter an electronic signature on the line above to certify this state Enter signature using an "/s/ signature" (e.g., /s/ John Smith)$ | e 1 of space B; or of the cable system as identified entified as owner of the cable system tained herein |
| | | Typed or printed name: Sharon V. Tisdale | |
| | | Title: Assistant Treasurer (Title of official position held in corporation or partnership) | |
| | | Date: August 20, | 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 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 fing, a determination that would be made by a court of lav

| unting Period: 2019/1 | FORM SA1-2E. PAG |
|---|--|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| State Telephone | 1 |
| 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? NO | P Special Statemen Concerning Gross Receipts Exclusio |
| 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 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 |
| 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 Assessme |
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| | Land Interest Assessme |
| Line 1 Enter the amount of late payment or underpayment | Q Interest Assessme |
| Line 1 Enter the amount of late payment or underpayment | Q Interest Assessme |
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