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

STATEME	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	-
	ms (Short Form)			<u>coplicsoa@loc.gov</u>
			\$	For additional information, contact the U.S. Copyright
-	ctions are located	8/18/2020		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workbook		ALLOCATION NUMBER	-
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	
		1		
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	I - see instructions)	
Accounting]		
Period				
	Instructions:			
В	Give the full legal name of the owner of th of the subsidiary, not that of the parent co		idiary of another corporation, give the full con	rporate title
Owner	List any other name or names under whic	h the owner conducts the business of t	he cable system.	
	If there were different owners during the	accounting period, only the owner on t	the last day of the accounting period should s	uhmit a
	single statement of account and royalty fe			
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	61536
	LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		
	Chequamegon Communications Co	op. Inc.		
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
	d/b/a Norvado			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO Box 67 (Number, street, rural route, apartment, or suite n	umber)		
	Cable, WI 54821-0067			
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	1			
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 (Number, street, rural route, apartment, or suite n	umber)		
	(City, town, state, zip code)			
Privacy Act Notice	e: Section 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	e personally identifying information (PII) reque	sted on this

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 thit 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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Chequamegon Communications Coop. Inc.	615
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	st 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.	·
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome narks should be reported in parentheses below the
Area		ione parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Hayward	WI
Community		
Community	Benoit	WI
	Cornucopia	WI
d Rows as Necessary	Barnes	WI
,	Cable	WI
	Drummond	WI
	Grand View	WI
	Mason	WI
	Marengo	
	Maple	WI
	Iron River	WI
	Herbster/PortWing	WI
	Namakagon	WI
	LaPointe	WI
	~	

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name	Chequamegon Commu			1C				515	6153
			000.11						
Е	SECONDARY TRANSMISSION								
<u> </u>	In General: The information in system, that is, the retransmission	-		-		•			
Secondary	about other services (including p					•			
Transmission	last day of the accounting period	d (June 30 or D	ecembe	r 31, as the ca	se may b	e).		C C	
Service: Sub-	Number of Subscribers: Bot	-					-		
scribers and Rates	down by categories of secondar each category by counting the n			•		•			
Rates	separately for the particular service							chargeu	
	Rate: Give the standard rate of							je and the	
	unit in which it is generally billed		,		ny standa	ard rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of ser	ondany transmis	sion servi	e that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not								
	categories, that person or entity					0,	•		
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t	Ũ							
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	ee-word descript	ion of the s	ervice is	
	sufficient.	OCK 1					BLOCK	2	
		NO. OF		D.1.75				NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set		303	58.99	Ros B	asic - Expan	bob	607	118.9
	Service to additional set(s)		303	50.55		xpanded Plu		1.489	132.9
	• FM radio (if separate rate)				1100. E	xpanaca i na	5	1,700	102.1
	Motel, hotel		10	9.95	Bus. B	asic - Expan	ded	26	118.9
	Commercial		••	0.00		xpanded Plu		-	132.9
	Converter								
	Residential								
	Non-residential								
			ľ						
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ran not covered in space E, that is, t								
•	service for a single fee. There a					,	,		
<u> </u>	furnished at cost or (2) services	•			0		• • • •		
Services			usually						
Other Than	amount of the charge and the un		usually	billed. If any ra	ates are c		able per-p	ogram basis,	
Other Than Secondary	enter only the letters "PP" in the	rate column.		-		harged on a vari		ogram basis,	
Other Than		rate column. te charged by t	the cable	e system for ea	ich of the	harged on a vari applicable servi	ces listed.	-	
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by t t your cable sy separate charg	the cable stem fur ge was n	e system for ea nished or offer nade or establi	ich of the ed during	harged on a vari applicable servi the accounting	ces listed. period that	were not	
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha	rate column. te charged by t t your cable sy separate charg	the cable stem fur ge was n	e system for ea nished or offer nade or establi	ich of the ed during	harged on a vari applicable servi the accounting	ces listed. period that	were not	
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by t t your cable sy separate charg	the cable stem fur ge was n de the ra	e system for ea nished or offer nade or establi	ich of the ed during	harged on a vari applicable servi the accounting	ces listed. period that	were not	
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by t t your cable sy separate charg ption and inclue	the cable stem fur ge was n de the ra CK 1 CATEG	e system for ea nished or offer nade or establi tte for each.	ich of the ed during shed. List	harged on a vari applicable servi the accounting	ces listed. period that vices in the	were not e form of a	RATI
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by f t your cable sy separate charg ption and inclue BLO	the cable stem fur ge was n de the ra CK 1 CATEG Installa	e system for ea nished or offer nade or establi ite for each. ORY OF SER tion: Non-res	ich of the ed during shed. List	harged on a vari applicable servi the accounting these other ser RATE	ces listed. period that vices in the	were not e form of a BLOCK 2	RATI
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by f t your cable sy separate charg ption and inclue BLO	the cable stem fur ge was n de the ra CK 1 CATEG Installa • Mot	e system for ea nished or offer nade or establi ite for each. ORY OF SER tion: Non-res el, hotel	ich of the ed during shed. List	harged on a vari applicable servi the accounting these other ser RATE Time & Mat'l	ces listed. period that vices in the CATEGO	were not e form of a BLOCK 2	
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by f t your cable sy separate charg ption and inclue BLO	the cable stem fur ge was n de the ra <u>CK 1</u> <u>CATEG</u> Installa • Mot • Con	e system for ea nished or offer nade or establi ate for each. ORY OF SER tion: Non-res el, hotel nmercial	ich of the ed during shed. List	harged on a vari applicable servi the accounting these other ser RATE	ces listed. period that vices in the CATEGO	were not e form of a BLOCK 2 DRY OF SERVICE	17.9
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	rate column. te charged by f t your cable sy separate charg ption and inclue BLO	the cable stem fur ge was n de the ra CK 1 CATEG Installa • Mot • Con • Pay	e system for ea nished or offer nade or establi ate for each. ORY OF SER' tion: Non-res el, hotel nmercial cable	ich of the ed during shed. List VICE idential	harged on a vari applicable servi the accounting these other ser RATE Time & Mat'l	Ces listed. Deriod that vices in the CATEGO HBO Cinema	were not e form of a BLOCK 2 DRY OF SERVICE	17.9 13.9
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. te charged by f t your cable sy separate charg ption and inclue BLO	the cable stem fur ge was n de the ra <u>CK 1</u> <u>CATEG</u> Installa • Mot • Pay • Pay	e system for ea nished or offer nade or establi te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch	ich of the ed during shed. List VICE idential	harged on a vari applicable servi the accounting these other ser RATE Time & Mat'l	CATEGO HBO Cinema Showtin	were not e form of a BLOCK 2 DRY OF SERVICE	17.9 13.9 15.9
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	rate column. te charged by t t your cable sy separate charg ption and inclue BLO0 RATE	the cable stem fur ge was n de the ra <u>CK 1</u> <u>CATEG</u> Installa • Mot • Con • Pay • Pay • Fire	e system for ea nished or offer nade or establi tte for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection	ich of the ed during shed. List VICE idential	harged on a vari applicable servi the accounting these other ser RATE Time & Mat'l	Ces listed. Deriod that vices in the CATEGO HBO Cinema Showtii Starz	were not e form of a BLOCK 2 DRY OF SERVICE X me/TMC	17.9 13.9 15.9 14.9
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by t t your cable sy separate charg ption and inclue BLO RATE	the cable stem fur ge was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Bur	e system for ea nished or offer nade or establi tte for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	ich of the ed during shed. List VICE idential	harged on a vari applicable servi the accounting these other ser RATE Time & Mat'l	CATEGO HBO Cinema Showtin	were not e form of a BLOCK 2 DRY OF SERVICE X me/TMC	17.9 13.9 15.9 14.9
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sy separate charg ption and inclue BLO RATE	the cable stem fur ge was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s	e system for ea nished or offer nade or establi tte for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	ich of the ed during shed. List VICE idential	harged on a vari applicable servi the accounting these other ser RATE Time & Mat'I Time & Mat'I	Ces listed. Deriod that vices in the CATEGO HBO Cinema Showtin Starz Playboy	were not e form of a BLOCK 2 DRY OF SERVICE	17.9 13.9 15.9 14.9 14.9
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sy separate charg ption and inclue BLO RATE	the cable stem fur ge was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Bur Other s • Rec	e system for ea nished or offer nade or establi ite for each. ORY OF SER' tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	ich of the ed during shed. List VICE idential	harged on a vari applicable servi the accounting these other ser RATE Time & Mat'l	Ces listed. Deriod that vices in the CATEGO HBO Cinema Showtin Starz Playbo Red Zo	were not e form of a BLOCK 2 DRY OF SERVICE X me/TMC	17.9 13.9 15.9 14.9 14.9 43.9
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sy separate charg ption and inclue BLO RATE	the cable stem fur ge was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec • Disc	e system for ea nished or offer nade or establi te for each. ORY OF SER ¹ tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection glar protection services: connect	ich of the ed during shed. List VICE idential	harged on a vari applicable servi the accounting these other ser RATE Time & Mat'I Time & Mat'I Time & Mat'I 75.00	CATEGO HBO Cinema Showtii Starz Playbo FS Wis	were not e form of a BLOCK 2 DRY OF SERVICE X me/TMC / ne consin	17.9 13.9 15.9 14.9 14.9 43.9 39.9
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sy separate charg ption and inclue BLO RATE	the cable stem fur ge was n de the ra CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Bury Other s • Rec • Disc	e system for ea nished or offer nade or establi ite for each. ORY OF SER' tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	vich of the ed during shed. List viCE idential	harged on a vari applicable servi the accounting these other ser RATE Time & Mat'I Time & Mat'I	Ces listed. Deriod that vices in the CATEGO HBO Cinema Showtin Starz Playbo Red Zo	were not e form of a BLOCK 2 DRY OF SERVICE X me/TMC / ne consin	17.9 13.9 15.9

· · · · · · · ·	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYST
Name	Chequamegon Comm	nunications Coop. Inc.		
	PRIMARY TRANSMITTERS:	•		
G smitters: levision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel 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 carried on concerning substitute basis stations, i n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a su be Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESI -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educatic ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
			A TYPE OF STATION	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KTCA	2	E	St. Paul, MN
	KDHL-DT1	3.1	N-M	Duluth, MN
is as Necessary	KDLH-DT2	3.2	N-M	Duluth, MN
ws as Necessary	KDLH-DT3	3.3	N-M	Duluth MN
				Duluth, MN
	KDLH-DT4	3.4	N-M	Duluth, MN
	KDLH-DT4 KDLH-DT6	3.4 3.6	N-M N-M	
	KDLH-DT4 KDLH-DT6 KBJR	3.4 3.6 6.1	N-M	Duluth, MN
	KDLH-DT4 KDLH-DT6	3.4 3.6	N-M N-M	Duluth, MN Duluth, MN
	KDLH-DT4 KDLH-DT6 KBJR	3.4 3.6 6.1	N-M N-M N	Duluth, MN Duluth, MN Duluth, MN
	KDLH-DT4 KDLH-DT6 KBJR KBJR-DT2	3.4 3.6 6.1 6.2	N-M N-M N	Duluth, MN Duluth, MN Duluth, MN Duluth, MN
	KDLH-DT4 KDLH-DT6 KBJR KBJR-DT2 KBJR-DT3	3.4 3.6 6.1 6.2 6.3	N-M N-M N N N-M	Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN Duluth, MN
	KDLH-DT4 KDLH-DT6 KBJR KBJR-DT2 KBJR-DT3 KBJR-DT3	3.4 3.6 6.1 6.2 6.3 6.4	N-M N-M N N N-M N-M	Duluth, MN
	KDLH-DT4 KDLH-DT6 KBJR KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE	3.4 3.6 6.1 6.2 6.3 6.4 8.1	N-M N-M N N-M N-M E	Duluth, MN
	KDLH-DT4 KDLH-DT6 KBJR KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2	3.4 3.6 6.1 6.2 6.3 6.4 8.1 8.2	N-M N-M N N-M N-M E N-M	Duluth, MN
	KDLH-DT4 KDLH-DT6 KBJR KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT2 WDSE-DT2	3.4 3.6 6.1 6.2 6.3 6.4 8.1 8.2 8.3	N-M N-M N N-M N-M E N-M N-M N-M	Duluth, MN
	KDLH-DT4 KDLH-DT6 KBJR KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT3 WDSE-DT2 WDSE-DT4	3.4 3.6 6.1 6.2 6.3 6.4 8.1 8.2 8.3 8.4	N-M N-M N N-M N-M E N-M N-M N-M N-M	Duluth, MN
	KDLH-DT4 KDLH-DT6 KBJR KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT3 WDSE-DT2 WDSE-DT4 WDSE-DT5	3.4 3.6 6.1 6.2 6.3 6.4 8.1 8.2 8.3 8.4 8.5	N-M N-M N N N-M E N-M N-M N-M N-M N-M	Duluth, MN
	KDLH-DT4 KDLH-DT6 KBJR KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT3 WDSE-DT2 WDSE-DT4 WDSE-DT4 WDSE-DT5 WDIO	3.4 3.6 6.1 6.2 6.3 6.4 8.1 8.2 8.3 8.4 8.5 10	N-M N-M N N-M N-M E N-M N-M N-M N-M N-M N-M N-M	Duluth, MN
	KDLH-DT4 KDLH-DT6 KBJR KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT3 WDSE-DT2 WDSE-DT4 WDSE-DT5 WDIO WDIO-DT2	3.4 3.6 6.1 6.2 6.3 6.4 8.1 8.2 8.3 8.4 8.5 10 10.2	N-M N-M N N N-M E N-M N-M N-M N-M N-M N-M N-M	Duluth, MN
	KDLH-DT4 KDLH-DT6 KBJR KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT3 WDSE-DT2 WDSE-DT4 WDSE-DT4 WDSE-DT5 WDIO WDIO-DT2 WQOW	3.4 3.6 6.1 6.2 6.3 6.4 8.1 8.2 8.3 8.4 8.5 10 10.2 18	N-M N-M N N N-M E N-M N-M N-M N-M N-M N-M N-M N-M N	Duluth, MN La Crosse, WI
	KDLH-DT4 KDLH-DT6 KBJR KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT3 WDSE-DT2 WDSE-DT4 WDSE-DT4 WDSE-DT5 WDIO WDIO-DT2 WQOW WHA	3.4 3.6 6.1 6.2 6.3 6.4 8.1 8.2 8.3 8.4 8.5 10 10.2 18 19	N-M N-M N N N-M E N-M N-M N-M N-M N-M N-M N-M N N-M N N-M N N N	Duluth, MN Madison, WI
	KDLH-DT4 KDLH-DT6 KBJR KBJR-DT2 KBJR-DT3 KBJR-DT3 WDSE WDSE-DT3 WDSE-DT4 WDSE-DT4 WDSE-DT5 WDIO WDIO-DT2 WQOW WHA KQDS	3.4 3.6 6.1 6.2 6.3 6.4 8.1 8.2 8.3 8.4 8.5 10 10.2 18 19 21.1	N-M N-M N N N-M N-M E N-M N-M N-M N-M N-M N-M N N-M N N N N N	Duluth, MN Duluth, MN

ccounting Period:	2020/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Chequamegon Comm	unications Coop. Inc.		6153
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do not list the station here station was carried only on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channe of license. For example, WF Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	htify every television station (including in during the accounting period, except in effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (find a substitute basis. Iso in space I, if the station was carried in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), ms, see page (iv) of the general instru- of each station. For U.S. stations, lis	t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	FCC. For Mexican or Canad	lian stations, if any, give the name of t	the community with which the station i	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF			YSTEM: ons Coop. Inc.					SYSTEM I 615
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate i Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein at the Co sign of e the station ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically process c mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	ertain st ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3,0	LOGATION OF STATION	UALL SIGN		5,0	LOOATION OF STATION	
					·			
				F		T		

	od: 2020/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Chequamegon Comm	unication	ns Coop. Inc	•				61536
	SUBSTITUTE CARRIAG)G			
					-	tion that u	ur ochlo ove	tom corriad on a
•	In General: In space I, iden substitute basis during the a							
Substitute	explanation of the program	01	<i>'</i>	•	, 0	, ,		
Carriage:	1. SPECIAL STATEMEN				5			
Special	During the accounting pe	-			eie anv non	notwork to	evision prog	Iram
Statement and			ui cable system	in carry, on a substitute be	1515, arry 11011			
Program Log	broadcast by a distant sta	ition?					YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT	E PROGR	AMS					
	In General: List each subs				s wherever p	ossible, if t	heir meanin	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re	a ulstant sta	or authorizatio	ns See page (v) of the ge	neral instruct	tions for fu	ther information	ation
	Do not use general catego							
	"NBA Basketball: 76ers vs	Bulls."				•		
				er "Yes." Otherwise enter				
				casting the substitute prog		ooneed by	the FCC er	in
	the case of Mexican or Ca			the community to which the			the FCC or,	IN
				stem carried the substitute			ls, with the r	month
	first. Example: for May 7 g		, , ,		1 5 -		,	
				ogram was carried by you				ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:0 [,]	1:15 p.m. to 6	6:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the let	ter "R" if the	e listed program	n was substituted for prog	ramming tha	t vour syst	em was <i>rea</i> u	iired
	to delete under FCC rules							
	was substituted for program							- 5
	effect on October 19, 1976	-						
				a				
	s			1	CARRI	AGE OCC	URRED	7. REASON FOR DELETION
	S		E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC		

Accounting Period:	2020/1		FORM S	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
Name	Chequamegon Communications Coop. Inc.			61536
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's set (as identified in space E) during the accounting period. For a further explanation of how the 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.	condary transm o compute this a	ission service amount, see \$ 37	
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 that Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600 I.	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 y accounting period is \$52.00	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo	ore than \$137,1	00)	
	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	374,238.00		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	110,438.00		
	4. Multiply line 3 by .01	\$	1,104.38	
	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.		\$	2,423.38
	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)	\$	2,423.38	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,443.38
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2020/1					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: Communications Coop.	Inc.			SYSTEM ID# 61536
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	, and (2) the cable system's t number of channels on which television broadcast stations number of activated channels able system carried television	total numb h the cable s broadcast		ounting period.	37 387
N Individual to Be Contacted	we can contact a	bout this statement of accour	nt.)	RMATION IS NEEDED (Identify an ind	Thetes	745 700 2202
for Further Information	Name Address	Robert C. Thompson PO Box 67 (Number, street, rural route, apart		e number)	Telephone	715-798-3303
	Email	Cable, WI 54821 (City, town, state, zip) rthompson@nc	orvado.co	m	Fax (optional)	
O Certification	I, the undersigned (Owne (Agenti in I X (Offici in I . I have examined	ed, hereby certify that (Check or r other than corporation or p t of owner other than corpor ine 1 of space B and that the of er or partner) I am an officer (ine 1 of space B. I the statement of account and e, and correct to the best of my	partnershi ration or pa owner is nor (if a corpor I hereby de y knowledg K Enter an Enter sign	tified and signed in accordance with Co <i>ly one</i> , of the boxes.) p) I am the owner of the cable system a artnership) I am the duly authorized age of a corporation or partnership; or ation) or a partner (if a partnership) of the sclare under penalty of law that all statem je, information, and belief, and are made /s/ Robert C. Thompson electronic signature on the line above to o nature using an "/s/ signature" (e.g., /s/ Jones) Robert C. Thompson	s identified in line 1 of space ent of the owner of the cable : he legal entity identified as ow nents of fact contained hereir in good faith.	system as identified mer of the cable system
		Title: (Title of o	CFO	n held in corporation or partnership)		
		Date:			7/29/2020	

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.

ounting Period: 2020/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
equamegon Communications Coop. Inc.	615
 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? 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address Mailing Address	
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	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	La constanta de la constanta d

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