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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ms (Short Form) ctions are located of this workbook	2/24/21	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: ()	YYYY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	al - see instructions)	
Accounting Period		<u>-</u>		
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the par		osidiary of another corporation, give the full	corporate
Owner	List any other name or names under which	ch the owner conducts the business o	f the cable system.	
	If there were different owners during the single statement of account and royalty f		n the last day of the accounting period shoul inting period.	ld submit a
	Check here if this is the system's first filin	ng. If not, enter the system's ID numbe	er assigned by the Licensing Division.	63535
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTE	M	
	BROWN COUNTY C-LEC LLC			
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFEREN	IT)	
	CELLCOM			
	MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM		
	PO BOX 19079 (Number, street, rural route, apartment, or suite r	number)		
	GREEN BAY, WI 54307-907 (City, town, state, zip)	79		
С	INSTRUCTIONS: In line 1, give any busi names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
	1	-		
	MAILING ADDRESS OF CABLE SYSTEM	1:		
	2 (Number, street, rural route, apartment, or suite r	number)		

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	BROWN COUNTY C-LEC LLC	635
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	e home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	SHAWANO	WI
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM IC
Name	BROWN COUNTY C-LE		•					010	6353
Е	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of	the cable	
-	system, that is, the retransmission			-		•			
Secondary	about other services (including p					,			
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n					•			
	separately for the particular serv			U U U					
	Rate: Give the standard rate c	-	-	•				-	
	unit in which it is generally billed					ard rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not	e: Where an ir	ndividua	l or organizatio	n is receiv	ing service that	falls unde	r different	
	categories, that person or entity								
	subscriber who pays extra for ca						ider "Servi	ice to the	
	first set" and would be counted of Block 2: If your cable system I						different	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a	ind rates, in th	e right-l	hand block. A t	wo- or thre	e-word descript	ion of the	service is	
	sufficient.							()	
	BLU	DCK 1 NO. OF	:				BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		303	82.11					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, t								
-	service for a single fee. There ar								
Services	furnished at cost or (2) services		,		0		0 (,	
Other Than	amount of the charge and the un	it in which it is	usually	/ billed. If any ra	ates are cl	harged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							t were not	
Nates	listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip	tion and inclue	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	38.62	• Mo	tel, hotel					
	 Pay cable—add'l channel 		۰Co	mmercial					
	Fire protection		•Pa	y cable					
	•Burglar protection		•Pa	, y cable-add'l cł	nannel				
	Installation: Residential		• Fire	e protection					
	• First set		• Bu	rglar protection					
	 Additional set(s) 			services:					
	• FM radio (if separate rate)		•Re	connect					
	• Converter		• Dis	connect					
			• Ou	tlet relocation					
			_						
			• Mo	ve to new addr	ess				

-	LEGAL NAME OF OWNER OF	CARLE SVSTEM		SYSTEM
Name	BROWN COUNTY C-L			635
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	In General: In space G, ide 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 not list the station here station was carried only 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	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca les, regulations, or authorizations: a in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried in concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program I both on a substitute basis and all see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections rations carried on a ubstitute program n Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "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
	WBAY	2	N	GREEN BAY, WI
	WBAY WEATHER	2.2	N-M	GREEN BAY, WI
Rows as Necessary	WBAY	2.3	I-M	GREEN BAY, WI
	WBAY	2.4	I-M	GREEN BAY, WI
	WBAY	2.5	I-M	GREEN BAY, WI
	WFRV	5	N	GREEN BAY, WI
	WFRV	5.2	N-M	GREEN BAY, WI
	WLUK	11	N	GREEN BAY, WI
	WLUK	11.2	N-M	GREEN BAY, WI
	WLUK	11.3	N-M	GREEN BAY, WI
	WCWF	14	I	GREEN BAY, WI
	WCWF	14.2	I-M	GREEN BAY, WI
	WCWF	14.3	I-M	GREEN BAY, WI
	WCWF	14.4	I-M	GREEN BAY, WI
	WGBA	26	Ν	GREEN BAY, WI
	WGBA	26.2	N-M	GREEN BAY, WI
	WGBA	26.3	N-M	GREEN BAY, WI
	WACY	32	l	APPLETON, WI
	WACY	32.2	I-M	APPLETON, WI
	WACY	32.3	I-M	APPLETON, WI
	WPNE	38	E	GREEN BAY, WI
	WPNE	38.2	E-M	GREEN BAY, WI
	WPNE	38.3	E-M	GREEN BAY, WI

EGAL NAME O								SYSTEM I 635
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the statior	y the sys be recein to the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (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 pay ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can l 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	
	·							

Accounting Perio	LEGAL NAME OF OWNER OF		TFM [.]				FO	SYSTEM ID#		
Name	BROWN COUNTY C-L		· _ IVI.					63535		
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LC	G					
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting pe	eriod, under sp	ecific present and former F	CC rules, reg	ulations, o	r authorizat	ions. For a further		
Carriage:	1. SPECIAL STATEMEN				ile general ine		in the puper	0.00 2.0000		
Special	During the accounting pe				isis, any nonr	network te	levision pro	ogram		
Statement and Program Log	broadcast by a distant sta	ation?		·	·		YES	× NO		
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.									
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broat the case of Mexican or Cat Column 5: Give the mon first. Example: for May 7 gi	e of every nor a distant stati egulations, or ries like "mov . Bulls." m was broad l sign of the s radcast statio nadian statio nth and day v ive "5/7." nes when the c. Example: a	nnetwork tele ion and that y r authorization vies" or "bask dcast live, ente station broadc on's location (t on's location (t ons, if any, the when your sy e substitute pro-	vision program ("substitute our cable system substitu- ns. See page (v) of the ge etball." List specific progra- er "Yes." Otherwise enter asting the substitute prog- the community to which the community with which the stem carried the substitute ogram was carried by you	ted for the pro neral instruct am titles, for e "No." ram. e station is lid e program. Us r cable system	ogramming ions for fu example, " censed by entified). se numera m. List the	g of anothe rther inform I Love Luc the FCC o als, with the times acc	er station nation. y" or r, in e month urately		
	Column 7: Enter the lett to delete under FCC rules was substituted for program	ter "R" if the l and regulatic mming that ye	ons in effect d		od; enter the l	etter "P" if	the listed			
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that yo 3.	ons in effect d our system w	uring the accounting period as permitted to delete und	od; enter the l ler FCC rules WHE	etter "P" if and regu	the listed lations in	program		
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y S. UBSTITUTE	E PROGRAM 3. STATION'S	uring the accounting period	wi; enter the l ler FCC rules WHE CARRI, 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE CURRED	program		
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	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	ter "R" if the l and regulatic mming that y S. UBSTITUTE	E PROGRAM 3. STATION'S	uring the accounting period	wi; enter the l ler FCC rules WHE CARRI, 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE CURRED	7. REASON FOI		

Accounting Period:	2020/2 FORM SA1-2E. PAGE
	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
Name	BROWN COUNTY C-LEC LLC 6353
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts for subscribers for secondary transmission service(s) during the accounting period. \$ 227,376.00 IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ (mount of gross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula
	2. Enter amount of gross receipts from space K \$ 227,376.00
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 227,376.00
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here) \$ 954.76
	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
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 954.76
	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 \$ 974.76
	EFT Trace # or TRANSACTION ID # 26RBN91V
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: NTY C-LEC LLC				SYSTEM ID# 63535
M Channels	 to its subscribe Enter the tota system carried Enter the tota on which the ota 	You must give (1) the number of rs, and (2) the cable system's t al number of channels on which d television broadcast stations al number of activated channel cable system carried television dcast services	total number of activated c h the cable Is ı broadcast stations	hannels during the acc	ounting period.	24
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accourt		EEDED (Identify an ind	ividual to whom	
for Further Information	Name	Amy Perkins			Telephon	e 920-617-7026
	Address	PO Box 19079 (Number, street, rural route, apart Green Bay, WI 54307 (City, town, state, zip)				
	Email	amy.perkins@r	nsight.com		Fax (optional)	
O Certification	 I, the undersign (Own (Agentication (Agentication)) (Agentication) (Agenticat	N (This statement of account m ned, hereby certify that (Check of her other than corporation or p nt of owner other than corpora n line 1 of space B and that the of icer or partner) I am an officer (n line 1 of space B. ed the statement of account and ete, and correct to the best of my tion 1001(1986)]	one, <i>but only one</i> , of the box partnership) I am the owner ration or partnership) I am owner is not a corporation o (if a corporation) or a partner I hereby declare under pena	xes.) er of the cable system as the duly authorized age or partnership; or er (if a partnership) of th alty of law that all staten ind belief, and are made	s identified in line 1 of space ent of the owner of the cabl e legal entity identified as o nents of fact contained here e in good faith.	e B; or e system as identified owner of the cable system
		Typed or printed Title: (Title of o Date:	Enter signature using an "/	's/ signature" (e.g., /s/ Jo d Fixed Operatio	ohn Smith)	

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 fing, a determination that would be made by a court of law.

ounting Period: 20	020/2	FORM SA1-2E. PAGE
AL NAME OF OWN	ER OF CABLE SYSTEM:	SYSTEM II
OWN COUNTY		6353
The Satellite Hor lowing sentence. "In determ service of scribers a For more informa located in the pa During the accour made by satellite X NO	nining the total number of subscribers and the gross amounts paid to the cable system for the basic f providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." ation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form. unting period, did the cable system exclude any amounts of gross receipts for secondary transmissions e carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusior
Name Mailing Address	the total here and list the satellite carrier(s) below	
	SSESSMENT ete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
		Q
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For an explanation	on of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. e amount of late payment or underpayment	Q Interest Assessmer
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