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: |
|----------------|---|--|---|--|
| for Seconda | ry Transmissions by | DATE RECEIVED | AMOUNT | |
| Cable Syste | ems (Short Form) | | | For additional information, |
| General instru | ctions are located | | \$ | contact the U.S. Copyright |
| | of this workbook | 2-26-21 | ALLOCATION NUMBER | Office Licensing Division at: Tel: (202) 707-8150 |
| | | | | - |
| | | | | |
| _ | | | | - |
| A | ACCOUNTING PERIOD COVERED E | BY THIS STATEMENT: (YY | 'YY/(Period)) | |
| | | | | |
| | 2020/2 | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | |
| | | <u>1</u> | | |
| | 20202 | Barcode Data Filing Period (optiona | I - see instructions) | |
| Accounting | 20202 | | | |
| Period | | | | |
| | Instructions: | | | |
| В | Give the full legal name of the owner of the the subsidiary, not that of the parent corpo | | liary of another corporation, give the full corpo | orate title of |
| Owner | List any other name or names under which | the owner conducts the business of th | e cable system. | |
| | If there were different owners during the a | ccounting period, only the owner on the | ne last day of the accounting period should sub | omit a single |
| | statement of account and royalty fee paym | | | - |
| | Check here if this is the system's first filing | . If not, enter the system's ID number a | assigned by the Licensing Division. | 63572 |
| | | | | |
| | LEGAL NAME OF OWNER/MAILING | ADDRESS OF CABLE SYSTEM | | |
| | Riverside Telecom, LLC | | | |
| | BUSINESS NAME(S) OF OWNER OF | CABLE SYSTEM (IF DIFFERENT) |) | |
| | | | | |
| | MAILING ADDRESS OF OWNER OF | CABLE SYSTEM | | |
| | 525 Junction Road (Number, street, rural route, apartment, or suite no | umber) | | |
| | Madison, WI 53717 (City, town, state, zip) | | | |
| | INSTRUCTIONS: In line 1, give any busin | ess or trade names used to ider | tify the business and operation of the | system unless these |
| С | names already appear in space B. In line 2 | | | |
| System | 1 | | | |
| | TDS Telecom, Inc. | | | |
| | | | | |
| | 2 (Number, street, rural route, apartment, or suite no | umber) | | |
| | (City, town, state, zip code) | | | |
| | | | | |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
|---------------------|---|--|
| Name | Riverside Telecom, LLC | 63 |
| D | Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mo | communities within unincorporated areas and including single, disc vill serve as a form of system identification hereafter known as the " |
| Area Served | city. | bile nome parks should be reported in parentneses below the ident |
| | CITY OR TOWN | STATE |
| First | Johnson Creek | WI |
| Community | | |
| | | |
| d Rows as Necessary | | |
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| | | | | | | | | FORM SA1 | |
|------------------------|---|---------------------|---|---|-------------|-------------------------|-------------|-----------------------|----------------|
| Name | LEGAL NAME OF OWNER OF C | | | | | | | 515 | TEM IE 6357 |
| | Riverside Telecom, LLC | | | | | | | | 0337 |
| - | SECONDARY TRANSMISSION | SERVICE: SU | BSCR | IBERS AND RA | TES | | | | |
| Е | In General: The information in s | • | | 0 | | | | | |
| Secondary | system, that is, the retransmissi about other services (including p | | | | | | | | |
| Transmission | last day of the accounting period | | | | | | | | |
| Service: Sub- | Number of Subscribers: Both | • | | | | | | | |
| scribers and Rates | down by categories of secondar each category by counting the n | • | | • | | • | | | |
| Rales | separately for the particular serv | • | | ••• | | | | s charged | |
| | Rate: Give the standard rate of | charged for eac | h cate | gory of service. | Include bo | oth the amount of | of the chai | - | |
| | unit in which it is generally billed | · · · | | , | ny standa | rd rate variation | s within a | particular rate | |
| | category, but do not include disc Block 1: In the left-hand block | | | | ries of sec | condary transmis | ssion serv | ice that cable | |
| | systems most commonly provide | • | | - | | • | | | |
| | that applies to your system. Not | | | - | | - | | | |
| | categories, that person or entity subscriber who pays extra for ca | | | | | | • | | |
| | first set" and would be counted of | | | | | a in the count ur | ider Serv | | |
| | Block 2: If your cable system | | | | | service that are | e different | from those | |
| | printed in block 1 (for example, t | | | | | | | | |
| | with the number of subscribers a sufficient. | and rates, in the | e right- | hand block. A tw | vo- or thre | e-word descript | ion of the | service is | |
| | | OCK 1 | | | | | BLOC | K 2 | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBE | De | RATE | CAT | EGORY OF SEI | | NO. OF SUBSCRIBERS | RA |
| | Residential: | SUBSCRIDE | | RATE | CAT | EGORT OF SEI | NICE . | SUBSCRIBERS | KA1 |
| | Service to first set | | 217 | \$25/mo | | | | | |
| | Service to additional set(s) | | | <u></u> | | | | | 1 |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | 1 |
| | Commercial | | 2 | \$55.54/mo | | | | | 1 |
| | Converter | | | | | | | | 1 |
| | Residential | | 217 | \$6/Mo. | | | | | [|
| | Non-residential | | | | | | | | ļ |
| | SERVICES OTHER THAN SEC | | | | | | | • | |
| _ | In General: Space F calls for ra | | | | | Il your cable sys | stem's ser | vices that were | |
| F | not covered in space E, that is, | | | | | | | | |
| 0 | service for a single fee. There a | • | | | • | | • • | , | |
| Services Other Than | furnished at cost or (2) services amount of the charge and the ur | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | uouun | | | | | nogram baolo, | |
| ransmissions: | Block 1: Give the standard ra | | | | | | | | |
| Rates | Block 2: List any services tha listed in block 1 and for which a | • • | | | - | - | • | | |
| | brief (two- or three-word) description | | | | SHEU. LISI | these other ser | | e ionn or a | |
| | | BLOO | ~ <i>K</i> 1 | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | | | GORY OF SER | /ICE | RATE | CATEG | ORY OF SERVICE | RAT |
| | Continuing Services: | | | ation: Non-resi | | | | | |
| | • Pay cable | 14-19.99/mo | • Mo | otel, hotel | | | | | |
| | Pay cable—add'l channel | | • Co | ommercial | | \$0 - \$49.95 | | | 1 |
| | * Fay caple—audit charmer | | • Pa | y cable | | | | | 1 |
| | Fire protection | | • Pa | y cable-add'l ch | annel | | | | T |
| | | | 10 | ·) | | | 1 | | |
| | Fire protection | | | e protection | | | | | |
| | Fire protection Burglar protection | \$0-\$49.95 | • Fir | | | | | | |
| | Fire protection Burglar protection Installation: Residential | | • Fir • Bu | e protection | | | | | |
| | Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) | | • Fir • Bu Other • Re | e protection Irglar protection services: econnect | | \$0-\$25 | | | |
| | Fire protection Burglar protection Installation: Residential First set Additional set(s) | | • Fir • Bu Other • Re • Dis | e protection Irglar protection services: connect sconnect | | | | | |
| | Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) | | • Fir • Bu Other • Re • Dis • Ou | e protection Irglar protection services: econnect | | \$0-\$25 19.98-39.96 | | | |

| • I - ··· • | LEGAL NAME OF OWNER O | OF CABLE SYSTEM: | | SYSTE |
|------------------------|--|--|--|--|
| Name | Riverside Telecom, L | | | 63 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G | • | lentify every television station (including tra em during the accounting period, <i>except</i> (1 | • | |
| _ | FCC rules and regulations | in effect on June 24, 1981, permitting the | carriage of certain network progra | ams [sections |
| Primary Insmitters: | | (e)(2) and (4), or 76.63 (referring to 76.61(as explained in the next paragraph. | e)(2) and (4))]; and (2) certain stat | tions carried on a |
| elevision | Substitute Basis Stations | With respect to any distant stations carr rules, regulations, or authorizations: | ried by your cable system on a sub | bstitute program |
| | • Do not list the station her | re in space G—but do list it in space I (the | Special Statement and Program I | Log)—if the |
| | station was carried only orList the station here, and | n a substitute basis. I also in space I, if the station was carried b | both on a substitute basis and also | o on some other |
| | basis. For further informati | ion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro | ee page (v) of the general instructi | tions. |
| | multicast stream associate | ed with a station according to its over-the-a | - | - |
| | | nel number the FCC assigned to the televis | sion station for broadcasting over | the air in its community |
| | | WRC is channel 4 in Washington, D.C. ch case whether the station is a network sta | ation, an independent station, or a | a noncommercial |
| | educational station, by ente | ering the letter "N" (for network), "N-M" (for | or network multicast), "I" (for indepe | endent), "I-M" |
| | For the meaning of these to |), "E" (for noncommercial educational), or the seneral instruction of the general instruction of the g | tions in the paper SA1-2 form. | |
| | | on of each station. For U.S. stations, list th adian stations, if any, give the name of the | | - |
| | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | WISN | 12.1 | N | Milwaukee, WI |
| | WISN-DT2 | 12.2 | N-M | Milwaukee, WI |
| ws as Necessary | WDJT | 58.1 | Ν | Milwaukee, WI |
| | WBME-CD | 58.2 | | Milwaukee, WI |
| | WITI | 6.1 | Ν | Milwaukee, WI |
| | WITI-DT2 | 6.2 | N-M | Milwaukee, WI |
| | WTMJ | 4.1 | Ν | Milwaukee, WI |
| | WTMJ-DT2 | 4.2 | N-M | Milwaukee, WI |
| | WTMJ-DT3 | 4.3 | N-M | Milwaukee, WI |
| | WMLW | 49.1 | I | Racine, WI |
| | WMLW-DT2 | 49.2 | I-M | Racine, WI |
| | | | | Racine, WI |
| | WMLW-DT3 | 49.3 | I-M | |
| | WMLW-D13 WMLW-DT4 | 49.3 49.4 | I-M | Racine, WI |
| | | | | |
| | WMLW-DT4 | 49.4 | | Racine, WI |
| | WMLW-DT4 WVTV | 49.4 18.1 | I-M | Racine, WI Milwaukee, WI |
| | WMLW-DT4 WVTV WVTV-DT2 | 49.4 18.1 18.2 | I-M I I-M | Racine, WI Milwaukee, WI Milwaukee, WI |
| | WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3 | 49.4 18.1 18.2 18.3 | I-M I I-M | Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI |
| | WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3 WYTU | 49.4 18.1 18.2 18.3 63.1 | I-M I I-M I-M I | Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI |
| | WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3 WYTU WYTU-DT2 | 49.4 18.1 18.2 18.3 63.1 63.2 | I-M I I-M I-M I | Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI |
| | WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3 WYTU WYTU-DT2 WPXE | 49.4 18.1 18.2 18.3 63.1 63.2 55.1 | I-M I I-M I-M I I-M I I | Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Kenosha, WI |
| | WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3 WYTU WYTU-DT2 WPXE WMVS | 49.4 18.1 18.2 18.3 63.1 63.2 55.1 10.1 | I-M I I-M I-M I I I-M I E | Racine, WI Milwaukee, WI |
| | WMLW-DT4 WVTV-DT2 WVTV-DT2 WVTV-DT3 WYTU WYTU-DT2 WPXE WMVS WMVS-DT2 | 49.4 18.1 18.2 18.3 63.1 63.2 55.1 10.1 10.2 | I-M I I-M I-M I I-M I E E E-M | Racine, WI Milwaukee, WI |

| | LEGAL NAME OF OWNER C | DF CABLE SYSTEM: | | | SYSTEM |
|------------------------|--|---|--|---|--------|
| Name | Riverside Telecom, L | _LC | | | 63 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | | |
| G | carried by your cable syste | lentify every television station (including tra em during the accounting period, except (1 | 1) stations carried only on a part-t | ime basis under | |
| Drimony | 5 | in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61) | | - | |
| Primary ansmitters: | | (e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. | (e)(2) and (4))]; and (2) certain sid | ations carried on a | |
| Television | Substitute Basis Station | s: With respect to any distant stations carr | ried by your cable system on a su | bstitute program | |
| | | rules, regulations, or authorizations: re in space G—but do list it in space I (the | Special Statement and Program | l oa)—if the | |
| | station was carried only or | · · · · · | opedial diatomont and rives.a | | |
| | | also in space I, if the station was carried b | | | |
| | | ion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro | | | |
| | | ed with a station according to its over-the-a | • | | |
| | "WETA-2" as the same on | | -top station for broadcasting over | et ta in ita anno main | |
| | | nel number the FCC assigned to the televis | SION Station for broadcasting over | the alf in its community | |
| | | VRC is channel 4 in Washington, D.C. | | | |
| | | VRC is channel 4 in Washington, D.C. h case whether the station is a network sta | • | | |
| | educational station, by enter | h case whether the station is a network sta ering the letter "N" (for network), "N-M" (fo | r network multicast), "I" (for indep | endent), "I-M" | |
| | educational station, by enter (for independent multicast) | h case whether the station is a network sta ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or | r network multicast), "I" (for indep "E-M" (for noncommercial educat | endent), "I-M" | |
| | educational station, by enter (for independent multicast) For the meaning of these t Column 4: Give the location | h case whether the station is a network statering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct on of each station. For U.S. stations, list th | r network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station | endent), "I-M" ional multicast). is licensed by the | |
| | educational station, by enter (for independent multicast) For the meaning of these t Column 4: Give the location | h case whether the station is a network statering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct | r network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station | endent), "I-M" ional multicast). is licensed by the | |
| | educational station, by enter (for independent multicast) For the meaning of these t Column 4: Give the location | h case whether the station is a network statering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct on of each station. For U.S. stations, list th | r network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station | endent), "I-M" ional multicast). is licensed by the | |
| | educational station, by enter (for independent multicast) For the meaning of these t Column 4: Give the location | h case whether the station is a network statering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct on of each station. For U.S. stations, list th | r network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station | endent), "I-M" ional multicast). is licensed by the | ATION |
| | educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana | h case whether the station is a network statering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the | or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station community with which the station | endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STA | ATION |
| | educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN | h case whether the station is a network statering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or ' erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER | or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION | endent), "I-M" ional multicast). is licensed by the is identified. | ATION |
| | educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN | h case whether the station is a network statering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or ' erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER | or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION | endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STA | ATION |
| | educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN | h case whether the station is a network statering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or ' erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER | or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION | endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STA | ATION |
| | educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN | h case whether the station is a network statering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or ' erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER | or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION | endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STA | ATION |
| | educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN | h case whether the station is a network statering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or ' erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER | or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION | endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STA | ATION |
| | educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN | h case whether the station is a network statering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or ' erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER | or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION | endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STA | ATION |
| | educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN | h case whether the station is a network statering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or ' erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER | or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION | endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STA | |
| | educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN | h case whether the station is a network statering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or ' erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER | or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION | endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STA | ATION |
| | educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN | h case whether the station is a network statering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or ' erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER | or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. ne community to which the station community with which the station 3. TYPE OF STATION | endent), "I-M" ional multicast). is licensed by the is identified. 4. LOCATION OF STA | |
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| EGAL NAME OF | | | YSTEM: | | | | | SYSTEM 635 |
|---|--|---|---|--|---|---|--|----------------------------------|
| | t every radio s | tation ca | rried on a separate and discre | | | | ied on an | н |
| ecceivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G | it is carried by monitoring, to prmation about m. dentify the call tate whether t the radio stati this by placing Sive the station | y the sys be receivent t 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 at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. hal was electronically processor mark in the "S/D" column. on (the community to which th | the system's hear system's FM anten his point, see page ed by the cable so e station is licens | adend, and (2) nna, during ce le (v) of the ge ystem as a sep ed by the FCC |) it can b ertain sta eneral in parate a | e expected, ted intervals. structions in the. nd discrete | Primary Transmitters Radio |
| | | | | | | C/D | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
| N/A | | | | | | | | |
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| Accounting Perio | | | | | | FOR | M SA1-2E. PAGE 5. |
|--------------------------|--|---------------------------------|----------------------------------|---|---------------------|---------------------------------|-------------------|
| Now - | LEGAL NAME OF OWNER OF | | EM: | | | | SYSTEM ID# |
| Name | Riverside Telecom, L | LC | | | | | 63572 |
| | SUBSTITUTE CARRIAG | E: SPECIA | L STATEMEN | T AND PROGRAM LOG | | | |
| Substitute | In General: In space I, iden substitute basis during the explanation of the programmed and the statement of the statement o | accounting pe | eriod, under spe | | C rules, regul | ations, or authorizations. | For a further |
| Carriage: | 1. SPECIAL STATEMEN | | | TUTE CARRIAGE | | | |
| Special Statement and | • During the accounting pe | eriod, did you | r cable system | carry, on a substitute basi | s, any nonne | twork tele <u>vision</u> progra | <u>m</u> |
| Program Log | broadcast by a distant sta | ation? | | | | YES | ×NO |
| | Note: If your answer is "No | o", leave the | rest of this pag | ge blank. If your answer is ' | 'Yes," you m | ust complete the progra | ım |
| | log in block 2. | | | | | | |
| | 2. LOG OF SUBSTITUT | | - | to line. Lice abbroviations | whorever per | ssible, if their meaning i | c |
| | clear. If you need more sp Column 1: Give the title | ace, please a e of every no | add additional nnetwork telev | ision program ("substitute | program") the | at, during the accounting | g |
| | 5 5 | egulations, o ories like "mo | r authorization | | eral instructio | ns for further informatio | on. |
| | | im was broad | | r "Yes." Otherwise enter "N sting the substitute progra | | | |
| | the case of Mexican or Ca | nadian statio | ns, if any, the | ne community to which the community with which the tem carried the substitute | station is ide | ntified). | |
| | first. Example: for May 7 g | ive "5/7." nes when the | substitute pro | gram was carried by your | cable system | . List the times accurate | |
| | stated as "6:00-6:30 p.m." | , tter "R" if the | listed program | was substituted for progra | mming that y | , our system was require | |
| | was substituted for progra effect on October 19, 1976 | • • | our system wa | is permitted to delete unde | r FCC rules a | and regulations in | |
| | | SUBSTITUT | E PROGRAM | | | N SUBSTITUTE | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM — TO | DELETION |
| | N/A | | | | | | |
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| Accounting Period: | 2020/2 FORM SA1-2E | E. PAGE 6 |
|------------------------------------|---|-----------|
| Name | | EM ID# |
| | Riverside Telecom, LLC | 63572 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. | |
| | COPYRIGHT ROYALTY FEE | |
| L Copyright Royalty Fee | Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. | |
| | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 | |
| | Line 1. Royalty fee for accounting period | 2.00 |
| | 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 \$ 5 | 2.00 |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) | |
| | 1. Base amount under statutory formula \$ 263,800.00 | |
| | 2. Enter amount of gross receipts from space K | |
| | 3. Subtract line 2 from line 1 | |
| | 4. Enter the amount of gross receipts from space K | |
| | 5. Enter the amount from line 3 | |
| | 6. Subtract line 5 from line 4 | |
| | 7. Multiply line 6 by .005 (enter figure here) | |
| | 8. Interest charge. Enter the amount from line 4, space Q, page 8 | 0.00 |
| | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) | |
| | BLOCK 3. GROSS RECEIPTS OF MORE THAN \$205,000 (but less than \$527,000) | |
| | 1. Enter the amount of gross receipts from space K | |
| | 2. Base amount under statutory formula | |
| | 3. Subtract line 2 from line 1 | |
| | 4. Multiply line 3 by .01 | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00 | |
| | 6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00 | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | |
| | FILING FEE AND TOTAL REMITTANCE DUE | |
| | | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 6 | 7.00 |
| | EFT Trace # or TRANSACTION ID # | |
| | 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 | LEGAL NAME OF OWNER OF CABLE SYSTEM: Riverside Telecom, LLC | SYSTEM ID# 63572 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations | 25 |
| | on which the cable system carried television broadcast stations and nonbroadcast services | 381 |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) | |
| for Further Information | Name Stephanie Weber Telephone | (608) 664-4721 |
| | Address 525 Junction Rd (Number, street, rural route, apartment, or suite number) Madison, WI 53593 (City, town, state, zip) | |
| | Email Finance@tdstelecom.com Fax (optional | |
| O Certification | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein | ystem as identified |
| | are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] | |
| | Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) | |
| | Typed or printed name: Sharon V. Tisdale | |
| | Title: Assistant Treasurer (Title of official position held in corporation or partnership) | |
| | Date: February 26, 2021 | |

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.

| punting Period: 2020/2 | FORM SA1-2E. PAGE 8 |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| erside Telecom, LLC | 63572 |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below | P Special Statement Concerning Gross Receipts Exclusion |
| Name Mailing Address | |
| INTEREST ASSESSMENT | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment | Q Interest Assessment |
| 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. | |
| 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. | |
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| 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 | |

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