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

|                      |   |   |  | Return completed workbook   |
|----------------------|---|---|--|---|
| STATEME              | NT OF ACCOUNT   | FOR COPYRIGH                            | T OFFICE USE ONLY                                | by email to:  |
|                      | ry Transmissions by   | DATE RECEIVED                           | AMOUNT   | coplicsoa@copyright.gov   |
| General instrue      | ms (Short Form)<br>ctions are located<br>of this workbook                                   | 2-26-21                                 | \$ ALLOCATION NUMBER                             | For additional information,<br>contact the U.S. Copyright<br>Office Licensing Division at:<br>Tel: (202) 707-8150 |
| Α                    | ACCOUNTING PERIOD COVERED E   | BY THIS STATEMENT: (YYY                 | Y/(Period))                                      |   |
|                      | 2020/2  | Period 1 = January 1 - June 30          | Period 2 = July 1 - December 31                  |   |
|                      | 20202   | Barcode Data Filing Period (optional -  | see instructions)                                |   |
| Accounting<br>Period |   |   |  |   |
|                      | Instructions:   |   |  |   |
| В                    |   | -                                       | ary of another corporation, give the full corp   | orate title of  |
| Owner                | List any other name or names under which  | the owner conducts the business of the  | cable system.                                    |   |
|                      | If there were different owners during the a<br>statement of account and royalty fee paym    |   | e last day of the accounting period should sund. | bmit a single   |
|                      | Check here if this is the system's first filing.  | If not, enter the system's ID number as | signed by the Licensing Division.                | 63573   |
|                      | LEGAL NAME OF OWNER/MAILING   | ADDRESS OF CABLE SYSTEM                 |  |   |
|                      | The State Long Distance Telephone   | Company, LLC                            |  |   |
|                      | BUSINESS NAME(S) OF OWNER OF  |   |  |   |
|                      |   |   |  |   |
|                      | MAILING ADDRESS OF OWNER OF O   | CABLE SYSTEM                            |  |   |
|                      | 525 Junction Road<br>(Number, street, rural route, apartment, or suite nu                   | imber)                                  |  |   |
|                      | Madison, WI 53717   |   |  |   |
|                      | (City, town, state, zip)  |   | fishe burger and so set to a fit                 |   |
| С                    | INSTRUCTIONS: In line 1, give any busine<br>names already appear in space B. In line 2      |   |  |   |
| System               | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 |   |  |   |

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

(Number, street, rural route, apartment, or suite number)

2

| Name               | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   |
|--------------------|--|--|
|                    | The State Long Distance Telephone Company, LLC   | 63573  |
| D                  | separate and distinct community or municipal entity (including unincorpor<br>unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you<br>community." Please use it as the first community on all future filings. | "community" is the same as a "community unit" as defined in FCC rules: "a<br>rated communities within unincorporated areas and including single, discrete<br>list will serve as a form of system identification hereafter known as the "first<br>or mobile home parks should be reported in parentheses below the identified |
| Area<br>Served     | city.  |  |
|                    |  |  |
|                    | CITY OR TOWN   | STATE  |
| First<br>Community | Elkhorn  | WI   |
|                    |  |  |
| Rows as Necessary  |  |  |
| ions as necessary  |  |  |
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|                               | LEGAL NAME OF OWNER OF C  | ABLE SYSTEM   |  |  |   |   |  | FORM SA1                             | TEM I |
|-------------------------------|---|---|--|--|---|---|--|--------------------------------------|-------|
| Name                          | The State Long Distance   |   | Com  | pany, LLC  |   |   |  | 010                                  | 635   |
|                               |   |   |  |  |   |   |  |                                      |       |
| Е                             | SECONDARY TRANSMISSION<br>In General: The information in s  |   |  | -  | -   | v transmission  | service of                               | the cable                            |       |
|                               | system, that is, the retransmissi   | •   |  | •  |   | •   |  |                                      |       |
| Secondary                     | about other services (including   |   |  |  |   |   | those exis                               | ting on the                          |       |
| Transmission<br>Service: Sub- | last day of the accounting period<br>Number of Subscribers: Bot   |   |  |  |   |   | hle system                               | n broken                             |       |
| scribers and                  | down by categories of secondar  | •   |  |  |   |   |  |                                      |       |
| Rates                         | each category by counting the r   | •   |  | •••  |   |   | •  | s charged                            |       |
|                               | separately for the particular service   |   |  |  |   |   |  | in and the                           |       |
|                               | Rate: Give the standard rate of unit in which it is generally billed  | •   | -  | •  |   |   |  | -                                    |       |
|                               | category, but do not include dise   |   |  |  | ny stanua   |   | s within a                               |                                      |       |
|                               | Block 1: In the left-hand block   | k in space E, the   | form   | lists the catego   |   |   |  |                                      |       |
|                               | systems most commonly provid  |   |  |  |   |   |  |                                      |       |
|                               | that applies to your system. <b>Not</b> categories, that person or entity   |   |  | -  |   | -   |  |                                      |       |
|                               | subscriber who pays extra for ca  |   |  |  |   |   |  |                                      |       |
|                               | first set" and would be counted   | once again unde   | er "Ser  | vice to addition   | al set(s)."   |   |  |                                      |       |
|                               | Block 2: If your cable system   | 0   |  |  |   |   |  |                                      |       |
|                               | printed in block 1 (for example, with the number of subscribers   |   |  |  |   | •   |  |                                      |       |
|                               | sufficient.   | and rates, in the   | ngnt-i   |  |   | e-word descript   |  |                                      |       |
|                               | BL  | OCK 1   |  |  |   |   | BLOCI                                    |                                      |       |
|                               | CATEGORY OF SERVICE   | NO. OF<br>SUBSCRIBEI  | RS   | RATE   | CATE  | EGORY OF SEI  | RVICE                                    | NO. OF<br>SUBSCRIBERS                | RA    |
|                               | Residential:  |   |  |  |   |   |  |                                      |       |
|                               | Service to first set  |   | 401  | \$25/mo  |   |   |  |                                      |       |
|                               | <ul> <li>Service to additional set(s)</li> </ul>  |   |  |  |   |   |  |                                      |       |
|                               | • FM radio (if separate rate)   |   |  |  |   |   |  |                                      |       |
|                               | Motel, hotel  |   |  |  |   |   |  |                                      |       |
|                               | Commercial  |   | 2  | \$55.54/mo   |   |   |  |                                      |       |
|                               | Converter   |   |  |  |   |   |  |                                      |       |
|                               | Residential   |   | 401  | \$6/Mo.  |   |   |  |                                      |       |
|                               | Non-residential   |   |  |  |   |   |  |                                      |       |
|                               | SERVICES OTHER THAN SEC   | ONDARY TRAN   | ISMIS  | SIONS: RATE  | 3   |   |  |                                      |       |
| F                             | In General: Space F calls for ra  | te (not subscribe   | er) info   | ormation with re   | spect to a  | ll your cable sys   | stem's ser                               | vices that were                      |       |
| Г                             | not covered in space E, that is,  |   |  |  |   |   |  |                                      |       |
| Services                      | service for a single fee. There a furnished at cost or (2) services   |   |  |  | 0   |   | 0 (                                      | /                                    |       |
|                               | amount of the charge and the u  | 01 100 1011   |  |  |   |   |  |                                      |       |
| Other Than                    | a nound of the charge and the u   | nit in which it is ι  | usualiy  | billed. If any ra  |   |   | able per-p                               |                                      |       |
| Secondary                     | enter only the letters "PP" in the  | rate column.  | -  |  | ates are ch   | arged on a vari   |  | -                                    |       |
| Secondary ransmissions:       | enter only the letters "PP" in the <b>Block 1:</b> Give the standard ra   | rate column.<br>te charged by th  | ie cabl  | e system for ea  | ates are ch<br>ach of the a   | narged on a vari<br>applicable servi  | ces listed.                              |                                      |       |
| Secondary                     | enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services tha   | rate column.<br>te charged by th<br>t your cable syst   | ie cabl<br>tem fu  | e system for ea<br>rnished or offei  | ates are ch<br>ach of the a<br>ed during  | narged on a vari<br>applicable servi<br>the accounting  | ces listed.<br>period tha                | t were not                           |       |
| Secondary ransmissions:       | enter only the letters "PP" in the <b>Block 1:</b> Give the standard ra   | rate column.<br>te charged by th<br>t your cable syst<br>separate charge  | ie cabl<br>tem fu<br>e was i   | e system for ea<br>rnished or offer<br>made or establi   | ates are ch<br>ach of the a<br>ed during  | narged on a vari<br>applicable servi<br>the accounting  | ces listed.<br>period tha                | t were not                           |       |
| Secondary ransmissions:       | enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a  | rate column.<br>te charged by th<br>t your cable syst<br>separate charge  | ie cabl<br>tem fu<br>e was i<br>e the ra   | e system for ea<br>rnished or offer<br>made or establi   | ates are ch<br>ach of the a<br>ed during  | narged on a vari<br>applicable servi<br>the accounting  | ces listed.<br>period tha                | t were not                           |       |
| Secondary ransmissions:       | enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descri<br>CATEGORY OF SERVICE  | rate column.<br>te charged by th<br>t your cable syst<br>separate charge<br>otion and include<br>BLOC<br>RATE                                 | te cabl<br>tem fu<br>was i<br>the ra<br>K 1<br>CATEC   | e system for ea<br>rnished or offer<br>nade or establi<br>ate for each.<br>GORY OF SER   | ates are ch<br>ach of the a<br>ed during<br>shed. List<br>VICE                    | narged on a vari<br>applicable servi<br>the accounting  | ces listed.<br>period tha<br>vices in th | t were not<br>e form of a            | RA    |
| Secondary ransmissions:       | enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descri<br>CATEGORY OF SERVICE<br>Continuing Services:  | rate column.<br>te charged by th<br>t your cable syst<br>separate charge<br>btion and include<br>BLOC<br>RATE                                 | te cabl<br>tem fu<br>e was i<br>e the ra<br>CATEC  | e system for ea<br>rnished or offer<br>nade or establi<br>ate for each.<br>GORY OF SER<br>ation: Non-res   | ates are ch<br>ach of the a<br>ed during<br>shed. List<br>VICE                    | arged on a vari<br>applicable servi<br>the accounting<br>these other ser                          | ces listed.<br>period tha<br>vices in th | t were not<br>e form of a<br>BLOCK 2 | RA    |
| Secondary ransmissions:       | enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable  | rate column.<br>te charged by th<br>t your cable syst<br>separate charge<br>otion and include<br>BLOC<br>RATE                                 | e cabl<br>tem fu<br>e was i<br>e the ra<br>CATEC<br>Install<br>• Mo  | e system for ea<br>rnished or offer<br>made or establi<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>itel, hotel  | ates are ch<br>ach of the a<br>ed during<br>shed. List<br>VICE                    | arged on a vari<br>applicable servi<br>the accounting<br>these other ser<br>RATE                  | ces listed.<br>period tha<br>vices in th | t were not<br>e form of a<br>BLOCK 2 | RAT   |
| Secondary ransmissions:       | enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel   | rate column.<br>te charged by th<br>t your cable syst<br>separate charge<br>btion and include<br>BLOC<br>RATE                                 | e cabl<br>tem fu<br>e was i<br>e the ra<br>CATEC<br><b>Install</b><br>• Mo<br>• Co   | e system for ea<br>rnished or offer<br>made or establi<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>itel, hotel<br>mmercial  | ates are ch<br>ach of the a<br>ed during<br>shed. List<br>VICE                    | arged on a vari<br>applicable servi<br>the accounting<br>these other ser                          | ces listed.<br>period tha<br>vices in th | t were not<br>e form of a<br>BLOCK 2 | RA    |
| Secondary ransmissions:       | enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Fire protection  | rate column.<br>te charged by th<br>t your cable syst<br>separate charge<br>btion and include<br>BLOC<br>RATE                                 | e cabl<br>tem fu<br>e was i<br>e the ra<br>K 1<br>CATEC<br>Install<br>• Mo<br>• Co<br>• Pa   | e system for ea<br>rnished or offer<br>made or establi<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>itel, hotel<br>mmercial<br>y cable   | ates are ch<br>ach of the a<br>ed during<br>shed. List<br>VICE<br>idential        | arged on a vari<br>applicable servi<br>the accounting<br>these other ser<br>RATE                  | ces listed.<br>period tha<br>vices in th | t were not<br>e form of a<br>BLOCK 2 | RAT   |
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| Secondary ransmissions:       | enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set  | rate column.<br>te charged by th<br>t your cable syst<br>separate charge<br>btion and include<br>BLOC<br>RATE (<br>14-19.99/mo<br>\$0-\$49.95 | e cabi<br>tem fu<br>was i<br>the ra<br>the ra<br>K 1<br>CATEC<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Pa<br>• Fin<br>• Bu  | e system for ea<br>rnished or offer<br>made or establi<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>itel, hotel<br>mmercial<br>y cable<br>y cable<br>y cable-add'l ch<br>e protection<br>rglar protection              | ates are ch<br>ach of the s<br>ed during<br>shed. List<br><u>VICE</u><br>idential | arged on a vari<br>applicable servi<br>the accounting<br>these other ser<br>RATE                  | ces listed.<br>period tha<br>vices in th | t were not<br>e form of a<br>BLOCK 2 | RA    |
| Secondary ransmissions:       | enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection<br>•Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)  | rate column.<br>te charged by th<br>t your cable syst<br>separate charge<br>btion and include<br>BLOC<br>RATE (<br>14-19.99/mo<br>\$0-\$49.95 | e cabi<br>tem fu<br>e was i<br>e the ra<br>CATEC<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Pa<br>• Fire<br>• Bu<br>Other   | e system for ea<br>rnished or offer<br>made or establi<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>tel, hotel<br>mmercial<br>y cable<br>y cable<br>y cable-add'l ch<br>e protection<br>rglar protection<br>services:  | ates are ch<br>ach of the s<br>ed during<br>shed. List<br><u>VICE</u><br>idential | arged on a vari<br>applicable servi<br>the accounting<br>these other ser<br>RATE<br>\$0 - \$49.95 | ces listed.<br>period tha<br>vices in th | t were not<br>e form of a<br>BLOCK 2 | RA    |
| Secondary ransmissions:       | enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate) | rate column.<br>te charged by th<br>t your cable syst<br>separate charge<br>btion and include<br>BLOC<br>RATE (<br>14-19.99/mo<br>\$0-\$49.95 | e cabi<br>tem fu<br>e was i<br>e the ra<br>CATEC<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Pa<br>• Bu<br>• Bu<br>Other<br>• Re   | e system for ea<br>rnished or offer<br>made or establi<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>itel, hotel<br>mmercial<br>y cable<br>y cable-add'l ch<br>e protection<br>rglar protection<br>services:<br>connect | ates are ch<br>ach of the s<br>ed during<br>shed. List<br><u>VICE</u><br>idential | arged on a vari<br>applicable servi<br>the accounting<br>these other ser<br>RATE                  | ces listed.<br>period tha<br>vices in th | t were not<br>e form of a<br>BLOCK 2 | RA    |
| Secondary ransmissions:       | enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection<br>•Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)  | rate column.<br>te charged by th<br>t your cable syst<br>separate charge<br>btion and include<br>BLOC<br>RATE (<br>14-19.99/mo<br>\$0-\$49.95 | e cabil<br>tem fu<br>e was i<br>e the ra-<br>KI 1<br>CATEC<br>Notatil<br>• Mo<br>• Co<br>• Pa<br>• Pa<br>• Pa<br>• Fir<br>• Bu<br>• Co<br>• Pa<br>• Co<br>• Pa<br>• Co<br>• Co<br>• Pa<br>• Co<br>• Co<br>• Co<br>• Co<br>• Co<br>• Co<br>• Co<br>• Co | e system for ea<br>rnished or offer<br>made or establi<br>ate for each.<br>GORY OF SER<br>ation: Non-res<br>tel, hotel<br>mmercial<br>y cable<br>y cable<br>y cable-add'l ch<br>e protection<br>rglar protection<br>services:  | ates are ch<br>ach of the s<br>ed during<br>shed. List<br><u>VICE</u><br>idential | arged on a vari<br>applicable servi<br>the accounting<br>these other ser<br>RATE<br>\$0 - \$49.95 | ces listed.<br>period tha<br>vices in th | t were not<br>e form of a<br>BLOCK 2 | RA    |

|                                       | LEGAL NAME OF OWNER OF   | F CABLE SYSTEM:  |   | SYST  |
|---------------------------------------|--|--|---|---|
| Name                                  |  | nce Telephone Company, LLC   |   | 0101  |
|                                       | PRIMARY TRANSMITTERS:  |  |   |   |
| G<br>rimary<br>ismitters:<br>levision | carried by your cable syster<br>FCC rules and regulations in<br>76.59(d)(2) and (4), 76.61(e<br>substitute program basis, an<br><b>Substitute Basis Stations</b><br>basis under specific FCC rule.<br>Do <i>not</i> list the station here<br>station was carried <i>only</i> on<br>• List the station here, and a<br>basis. For further information<br><b>Column 1:</b> List each station<br>multicast stream associated<br>"WETA-2" as the same on the<br><b>Column 2:</b> Give the channel<br>of license. For example, W<br><b>Column 3:</b> Indicate in each<br>educational station, by enter<br>(for independent multicast),<br>For the meaning of these ter<br><b>Column 4:</b> Give the location | also in space I, if the station was carried<br>on concerning substitute basis stations, s<br>n's call sign. <i>Do not</i> report origination pr<br>d with a station according to its over-the- | (1) stations carried only on a part-tin<br>e carriage of certain network progra<br>1(e)(2) and (4))]; and (2) certain stat<br>arried by your cable system on a sub-<br>ble Special Statement and Program L<br>I both on a substitute basis and also<br>see page (v) of the general instructi-<br>rogram services such as HBO, ESP<br>-air designation. For example, repo-<br>vision station for broadcasting over the<br>station, an independent station, or a<br>for network multicast), "I" (for indepen-<br>r "E-M" (for noncommercial education<br>ctions in the paper SA1-2 form.<br>the community to which the station in | me basis under<br>ams [sections<br>tions carried on a<br>bostitute program<br>Log)—if the<br>o on some other<br>ions.<br>PN, etc. Identify each<br>ort multistream<br>the air in its community<br>noncommercial<br>endent), "I-M"<br>onal multicast).<br>is licensed by 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   | 12.1   | N-M   | Milwaukee, WI   |
| s as Necessary                        | WDJT   | 58.1   | N   | Milwaukee, WI   |
| 5 65 Neccola. ,                       | WBME-CD  | 58.2   | N   | Milwaukee, WI   |
|                                       | WITI   | 6.1  | N   | Milwaukee, WI   |
|                                       | WITI-DT2   | 6.2  | N-M   | Milwaukee, WI   |
|                                       | WTMJ   | 4.1  | N   | 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  |
|                                       | WMLW-DT3   | 49.3   | I-M   | Racine, WI  |
|                                       | WMLW-DT4   | 49.4   | I-M   | Racine, WI  |
|                                       | wvtv   | 18.1   | 1   | Milwaukee, WI   |
|                                       |  | 18.2   | I-M   | Milwaukee, WI   |
|                                       | WVTV-DT2   |  |   | ,   |
|                                       | WVTV-DT2<br>WVTV-DT3   |  | I-M   | Milwaukee. WI   |
|                                       | WVTV-DT3   | 18.3   | I-M   | Milwaukee, WI<br>Milwaukee, WI  |
|                                       | WVTV-DT3<br>WYTU   | 18.3<br>63.1   | I   | Milwaukee, WI   |
|                                       | WVTV-DT3<br>WYTU<br>WYTU-DT2   | 18.3<br>63.1<br>63.2   | I<br>I-M  | Milwaukee, WI<br>Milwaukee, WI  |
|                                       | WVTV-DT3<br>WYTU<br>WYTU-DT2<br>WPXE   | 18.3<br>63.1<br>63.2<br>55.1   | I<br>I-M<br>I   | Milwaukee, WI<br>Milwaukee, WI<br>Kenosha, WI   |
|                                       | WVTV-DT3<br>WYTU<br>WYTU-DT2<br>WPXE<br>WMVS   | 18.3<br>63.1<br>63.2<br>55.1<br>10.1   | I<br>I-M<br>I<br>E  | Milwaukee, WI<br>Milwaukee, WI<br>Kenosha, WI<br>Milwaukee, WI  |
|                                       | WVTV-DT3<br>WYTU<br>WYTU-DT2<br>WPXE<br>WMVS<br>WMVS-DT2   | 18.3         63.1         63.2         55.1         10.1         10.2  | I<br>I-M<br>I<br>E<br>E-M   | Milwaukee, WI<br>Milwaukee, WI<br>Kenosha, WI<br>Milwaukee, WI<br>Milwaukee, WI   |
|                                       | WVTV-DT3<br>WYTU<br>WYTU-DT2<br>WPXE<br>WMVS   | 18.3<br>63.1<br>63.2<br>55.1<br>10.1   | I<br>I-M<br>I<br>E  | Milwaukee, WI<br>Milwaukee, WI<br>Kenosha, WI<br>Milwaukee, WI  |

|                         | LEGAL NAME OF OWNER OF   | F CABLE SYSTEM:   |   |                                 | SYSTEM |
|-------------------------|--|---|---|---------------------------------|--------|
| Name                    | The State Long Dista   | nce Telephone Company, LLC  |   |                                 | 635    |
|                         | PRIMARY TRANSMITTERS:  |   |   |                                 |        |
| G                       |  | entify every television station (including t<br>m during the accounting period, <i>except</i> | •   | ,                               |        |
|                         | 5  | in effect on June 24, 1981, permitting th   | 5 . 5                                       | -                               |        |
| Primary<br>ransmitters: |  | e)(2) and (4), or 76.63 (referring to 76.67)  | I (e)(2) and (4))]; and (2) certain station | ons carried on a                |        |
| Television              |  | s explained in the next paragraph.<br>With respect to any distant stations ca                 | irried by your cable system on a subs       | stitute program                 |        |
|                         | basis under specific FCC ru  | ules, regulations, or authorizations:   |   |                                 |        |
|                         | <ul> <li>Do not list the station here<br/>station was carried only on</li> </ul> | e in space G—but do list it in space I (th<br>a substitute basis                              | e Special Statement and Program Lo          | og)—if the                      |        |
|                         |  | also in space I, if the station was carried   | both on a substitute basis and also         | on some other                   |        |
|                         | basis. For further informatio  | on concerning substitute basis stations,  | see page (v) of the general instruction     | ons.                            |        |
|                         |  | n's call sign. <i>Do not</i> report origination pl  | •   | •                               |        |
|                         | "WETA-2" as the same on t  | d with a station according to its over-the-<br>the form.                                      | -air designation. For example, repor        | t multistream                   |        |
|                         |  | el number the FCC assigned to the telev   | vision station for broadcasting over th     | ne air in its community         |        |
|                         |  | RC is channel 4 in Washington, D.C.   | and the second second                       |                                 |        |
|                         |  | a case whether the station is a network s   | •   |                                 |        |
|                         |  | ring the letter "N" (for network), "N-M" (f<br>, "E" (for noncommercial educational), o       |   |                                 |        |
|                         |  | erms, see page (iv) of the general instru   |   | ndi municasij.                  |        |
|                         |  |   |   |                                 |        |
|                         |  | n of each station. For U.S. stations, list dian stations, if any, give the name of th         | •   | •                               |        |
|                         |  |   | •   | •                               |        |
|                         |  |   | •   | •                               | ATION  |
|                         | FCC. For Mexican or Canac  | dian stations, if any, give the name of th  | e community with which the station is       | s identified.                   | ATION  |
|                         | FCC. For Mexican or Canac<br>1. CALL SIGN  | dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER                           | e community with which the station is       | s identified. 4. LOCATION OF ST | ATION  |
|                         | FCC. For Mexican or Canac<br>1. CALL SIGN  | dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER                           | e community with which the station is       | s identified. 4. LOCATION OF ST | ATION  |
|                         | FCC. For Mexican or Canac<br>1. CALL SIGN  | dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER                           | e community with which the station is       | s identified. 4. LOCATION OF ST | ATION  |
|                         | FCC. For Mexican or Canac<br>1. CALL SIGN  | dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER                           | e community with which the station is       | s identified. 4. LOCATION OF ST | ATION  |
|                         | FCC. For Mexican or Canac<br>1. CALL SIGN  | dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER                           | e community with which the station is       | s identified. 4. LOCATION OF ST |        |
|                         | FCC. For Mexican or Canac<br>1. CALL SIGN  | dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER                           | e community with which the station is       | s identified. 4. LOCATION OF ST |        |
|                         | FCC. For Mexican or Canac<br>1. CALL SIGN  | dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER                           | e community with which the station is       | s identified. 4. LOCATION OF ST |        |
|                         | FCC. For Mexican or Canac<br>1. CALL SIGN  | dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER                           | e community with which the station is       | s identified. 4. LOCATION OF ST |        |
|                         | FCC. For Mexican or Canac<br>1. CALL SIGN  | dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER                           | e community with which the station is       | s identified. 4. LOCATION OF ST |        |
|                         | FCC. For Mexican or Canac<br>1. CALL SIGN  | dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER                           | e community with which the station is       | s identified. 4. LOCATION OF ST |        |
|                         | FCC. For Mexican or Canac<br>1. CALL SIGN  | dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER                           | e community with which the station is       | s identified. 4. LOCATION OF ST |        |
|                         | FCC. For Mexican or Canac<br>1. CALL SIGN  | dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER                           | e community with which the station is       | s identified. 4. LOCATION OF ST |        |

| LEGAL NAME OF  |   |  | phone Company, LLC  |  |  |   |  | SYSTEM I<br>635                  |
|--|---|--|---|--|--|---|--|----------------------------------|
|  | <b>U</b>  |  |   |  |  |   |  |                                  |
|  | every radio s   | tation ca  | rried on a separate and discre<br>nerally receivable by your cable  |  |  |   | ied on an  | Н                                |
| eceivable if (1)<br>on the basis of r<br>For detailed info<br>paper SA1-2 for<br>Column 1: Id<br>Column 2: S<br>Column 3: If<br>ignal, indicate t<br>Column 4: G | it is carried by<br>nonitoring, to<br>rmation about<br>m.<br>lentify the call<br>tate whether t<br>the radio stati<br>his by placing<br>ive the statior | the sys<br>be recein<br>the Co<br>sign of e<br>he static<br>ion's sign<br>a check<br>i's locatio | I-Band FM Carriage: Under C<br>tem whenever it is received at<br>ved at the headend, with the sy<br>pyright Office regulations on th<br>each station carried.<br>on is AM or FM.<br>nal was electronically processes<br>mark in the "S/D" column.<br>on (the community to which the<br>the community with which the s | the system's hea<br>ystem's FM anter<br>is point, see pag<br>ed by the cable sy<br>e station is licens | idend, and (2)<br>nna, during ce<br>e (v) of the ge<br>vstem as a sep<br>ed by the FCC | it can b<br>rtain sta<br>eneral in:<br>parate a | e expected,<br>ted intervals.<br>structions in the.<br>nd discrete | Primary<br>Transmitters<br>Radio |
| CALL SIGN  | AM or FM  | S/D  | LOCATION OF STATION   | CALL SIGN  | AM or FM   | S/D   | LOCATION OF STATION  |                                  |
|  |   | 5,0  |   | C. LE OIOIT  |  | 3,0   |  |                                  |
| N/A  |   |  |   |  |  |   |  |                                  |
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| Accounting Perio        | d: 2020/2  |  |  |   |  | FORM   | A SA1-2E. PAGE 5.         |
|-------------------------|--|--|--|---|--|--|---------------------------|
| Nome                    | LEGAL NAME OF OWNER OF   |  |  |   |  |  | SYSTEM ID#                |
| Name                    | The State Long Distar  | nce Teleph   | one Compa  | ny, LLC   |  |  | 63573                     |
| I                       | SUBSTITUTE CARRIAGI  | tify <i>every nor</i><br>accounting pe   | nnetwork televis<br>eriod, under spe   | <i>ion program,</i> broadcast by a<br>cific present and former FC   | C rules, regul   | ations, or authorizations.   | For a further             |
| Substitute<br>Carriage: | explanation of the program   | •  |  |   | e general Insti  | fuctions in the paper SA1  | -2 torm.                  |
| Special                 | <ol> <li>SPECIAL STATEMEN</li> <li>During the accounting period</li> </ol>   |  |  |   |  | twork tolovision program   | ~                         |
| Statement and           | с ст   |  | r cable system   | carry, on a substitute basi   | is, any nonne  |  | X                         |
| Program Log             | broadcast by a distant sta   |  |  |   |  | YES  |                           |
|                         | Note: If your answer is "No  | o", leave the  | rest of this pag   | e blank. If your answer is '  | "Yes," you m   | ust complete the progra  | m                         |
|                         | log in block 2. 2. LOG OF SUBSTITUT  |  | Me   |   |  |  |                           |
|                         | In General: List each subsciear. If you need more spice of the spice o | stitute progra<br>ace, please a<br>of every no<br>a distant stat<br>egulations, o<br>ries like "mo<br>. Bulls."<br>m was broad<br>sign of the s<br>adcast station<br>nadian station<br>nth and day<br>ive "5/7."<br>nes when the<br>. Example: a<br>ter "R" if the<br>and regulation | Im on a separa<br>add additional i<br>nnetwork telev<br>ion and that yo<br>r authorizations<br>vies" or "baske<br>dcast live, ente<br>station broadca<br>on's location (th<br>ons, if any, the<br>when your sys<br>e substitute pro<br>a program carri<br>listed program<br>ons in effect du | rows to the tables.<br>ision program ("substitute<br>ur cable system substitute<br>s. See page (v) of the gene<br>tball." List specific program<br>r "Yes." Otherwise enter "N<br>usting the substitute progra<br>the community to which the<br>community with which the<br>tem carried the substitute p<br>gram was carried by your<br>ed by a system from 6:01:<br>was substituted for progra<br>ring the accounting period | program") the<br>d for the prog-<br>eral instruction<br>in titles, for ex-<br>lo."<br>m.<br>station is lice<br>program. Use<br>cable system<br>15 p.m. to 6:<br>mming that y | at, during the accounting<br>gramming of another sta<br>ons for further informatio<br>cample, "I Love Lucy" or<br>ensed by the FCC or, in<br>ntified).<br>e numerals, with the mo<br>of List the times accurate<br>28:30 p.m. should be<br>your system was <i>require</i><br>tter "P" if the listed prog | g<br>n.<br>nth<br>ely     |
|                         | was substituted for programe<br>ffect on October 19, 1976  |  | our system wa  | is permitted to delete unde   | er FCC rules   | and regulations in   |                           |
|                         |  |  | E PROGRAM<br>3. STATION'S  |   |  | EN SUBSTITUTE<br>IAGE OCCURRED<br>6. TIMES   | 7. REASON FOR<br>DELETION |
|                         |  | Yes or No  | CALL SIGN  | 4. STATION'S LOCATION   | AND DAY  | FROM — TO  |                           |
|                         | N/A  |  |  |   |  |  |                           |
|                         |  |  |  |   |  |  |                           |
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| Accounting Period:                 | 2020/2   | FORM SA                        | 1-2E. PAGE 6.                    |
|------------------------------------|--|--------------------------------|----------------------------------|
| Nama                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SY                             | STEM ID#                         |
| Name                               | The State Long Distance Telephone Company, LLC   |                                | 63573                            |
| K<br>Gross Receipts                | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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. | nission service<br>Imount, see | 5 <b>,206.34</b><br>ss receipts) |
|                                    |  |                                |                                  |
| L<br>Copyright<br>Royalty Fee      | <ul> <li>COPYRIGHT ROYALTY FEE<br/>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2<br/>0 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br/>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>  | 263,800                        |                                  |
|                                    | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS   |                                |                                  |
|                                    | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00   | nis six-month                  |                                  |
|                                    | Line 1. Royalty fee for accounting period  | \$                             | 52.00                            |
|                                    | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8   |                                | 0.00                             |
|                                    | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2   | . \$                           | 52.00                            |
|                                    | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1  | 00)                            |                                  |
|                                    | 1. Base amount under statutory formula   |                                |                                  |
|                                    | 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   | <u> </u>                       |                                  |
|                                    | 7. Multiply line 6 by .005 (enter figure here)   |                                |                                  |
|                                    | 8. Interest charge. Enter the amount from line 4, space Q, page 8  |                                | 0.00                             |
|                                    | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8  |                                |                                  |
|                                    | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,   | 600)                           |                                  |
|                                    | 1. Enter the amount of gross receipts from space K   |                                |                                  |
|                                    | 2. Base amount under statutory formula   |                                |                                  |
|                                    | 2. base anothin under statutory romination     203,000.00     3. Subtract line 2 from line 1   |                                |                                  |
|                                    | 4. Multiply line 3 by .01  |                                |                                  |
|                                    | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)  | 1 319 00                       |                                  |
|                                    | 6. Interest charge. Enter the amount from line 4, space Q, page 8  |                                |                                  |
|                                    | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  |                                |                                  |
|                                    |  |                                |                                  |
|                                    | FILING FEE AND TOTAL REMITTANCE DUE  |                                |                                  |
| Filing Fee and<br>Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)  | 52.00                          |                                  |
| Due                                | 2. Filing Fee (See the instructions for more information on filing fee calculations)   | 15.00                          |                                  |
|                                    | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3   | \$                             | 67.00                            |
|                                    | EFT Trace # or TRANSACTION ID #  |                                |                                  |
|                                    | Important: Your remittance must be in the form of an electronic payment payable to the Register<br>See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for me  |                                |                                  |

| Accounting Period:                 | 2020/2  | FORM SA1-2E. PAGE 7. |
|------------------------------------|---|----------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>The State Long Distance Telephone Company, LLC  | SYSTEM ID#<br>63573  |
| M<br>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<br>381            |
|                                    | and nonbroadcast services   |                      |
| N<br>Individual to<br>Be Contacted | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)   |                      |
| for Further<br>Information         | Name Stephanie Weber Telephone  | (608) 664-4721       |
|                                    | Address       525 Junction Rd<br>(Number, street, rural route, apartment, or suite number)         Madison, WI 53593<br>(City, town, state, zip)         Email       Finance@tdstelecom.com    Fax (optional  |                      |
|                                    |   |                      |
| O<br>Certification                 | <ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I</li> </ul>  | 3; or                |
|                                    | <ul> <li>(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</li> <li>(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.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)]</li> </ul> |                      |
|                                    | X       /s/ Sharon V. Tisdale         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.

| unting Period: 2020/2   | FORM SA1-2E. PAGE  |
|---|--|
| L NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID  |
| State Long Distance Telephone Company, LLC  | 6357   |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-<br>lowing sentence:<br>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic<br>service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-<br>scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." | P<br>Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| 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.  | Receipts Exclusion   |
| 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   |  |
| Name     Name       Mailing Address     Mailing Address   |  |
|   |  |
|   |  |
| INTEREST ASSESSMENT   |  |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  |  |
| For an explanation of interact accomment, and page (viii) of the general instructions located in the paper SA1.2 form   | Q  |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.   | Q  |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.   | Q<br>Interest Assessmen  |
|   | Q<br>Interest Assessmen  |
| Line 1 Enter the amount of late payment or underpayment   | Q<br>Interest Assessment   |
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