This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED AMOUNT
7/21/2021
\$
ALLOCATION NUMBER

Return completed workbook by email to:

## coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	2526
		T	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Price County Telephone Company	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		d/b/a Norvado	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 67	
		(Number, street, rural route, apartment, or suite number)	
		Cable, WI 54821-0067 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System		IDENTIFICATION OF CABLE SYSTEM:	
	1		
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
Privacy Act Notice	: Section	n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this	
-		ir 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name		
	Price County Telephone Company	25
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single
•	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Phillips	WI
Community	Park Falls	WI
	Town of Eisenstein	WI
dd Rows as Necessary	Town of Elk	WI
	Town of Emery	WI
	Town of Fifield	WI
	Town of Flambeau	WI
	Town of Hackett	WI
	Town of Harmony	WI
	Town of Lake	WI
	Town of Prentice	WI
	Town of Winter	WI
	Town of Worcester	WI
	Village of Prentice	WI
		·····

								FORM SA1	-2E. PAGE
Name	LEGAL NAME OF OWNER OF C							313	252
	Price County Telephone	Company							ZJZ
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	BERS AND R	ATES				
E	In General: The information in s								
•	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period				•		those exis	ting on the	
Service: Sub-	Number of Subscribers: Bot	•				,	able systen	n, broken	
scribers and	down by categories of secondar	•					-		
Rates	each category by counting the n	umber of billing	gs in th	at category (the	e number	of persons or or	ganization	s charged	
	separately for the particular serv							wa and the	
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-	-					-	
	category, but do not include disc	· ·		,			is within a		
	Block 1: In the left-hand block					condary transmi	ssion servi	ce 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								
	Block 2: If your cable system						e different	from those	
	printed in block 1 (for example, t						, ·		
	with the number of subscribers a	and rates, in the	e right-	hand block. A t	wo- or thr	ee-word descrip	tion of the	service is	
	sufficient.	OCK 1					BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Service to first set		208	95.99	Pos B	asic - Expan	dod	793	####
			200	55.55	INCS. D		ueu	135	
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		16	75 99					
	Converter		10	75.99					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC				s				
-	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t								
<b>.</b> .	service for a single fee. There an	•			•		• •	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usuun	y blied. If dify i			lable per p	rogram basis,	
Fransmissions:	Block 1: Give the standard ra		the cab	le system for e	ach of the	applicable serv	ices listed.		
Rates	Block 2: List any services that	• •			-	-			
	listed in block 1 and for which a		-		ished. Lis	t these other se	rvices in th	e form of a	
	brief (two- or three-word) descrip	plion and includ	ue ine r	ate for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	idential	Tine 0 0 00-411			
	• Pay cable			otel, hotel		Time & Mat'l			17.0
	Pay cable—add'l channel			mmercial		Time & Mat'l	HBO		17.9
	Fire protection			y cable	annel		Cinema		13.9
	•Burglar protection			y cable-add'l cl	iannei		Showti	me/TMC	15.9 14.9
	Installation: Residential	Time & Mett		e protection			Starz		14.3
	First set     Additional set(s)	Fime & Mat'l		rglar protection			FSN (or	ommercial)	20.0
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	Fime & Mat'l		services: connect		75.00		ospitality)	20.0 39.5
			• ĸe			/ 5.00		ospitality)	
	, , ,		• Di-				Big Tor		
	Converter			sconnect				n (commercial)	8.0
	, , ,		۰Ou		2000	Time & Mat'l Time & Mat'l			

	2021/1			FORM SA1-2E. PA
lame	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
	Price County Telepho	ne Company		2
	PRIMARY TRANSMITTERS:	TELEVISION		
G imary smitters: evision	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on t <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- e carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su be Special Statement and Program d both on a substitute basis and als 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 educat ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WZAW-DT	7-1.	N	Wausau, WI
	MyNetwork	7-1.	N-M	Wausau, WI
-1	WLEF	36-1	E	Park Falls, WI
Necessary	WPT2	36-2	E-M	Park Falls, WI
	WPT3	36-3	E-M	Park Falls, WI
	WF IS	38-3	L-1VI	Faik Fails, Wi
		26.4	EM	Park Falla Wi
	WPT4	36-4	E-M	Park Falls, WI
	WAOW-DT	9	N	Wausau, WI
	WAOW-DT CW	9 9-2.	N N-M	Wausau, WI Wausau, WI
	WAOW-DT CW Decades	9 9-2. 9-3.	N N-M N-M	Wausau, WI Wausau, WI Wausau, WI
	WAOW-DT CW Decades WJFW-DT	9 9-2. 9-3. 12-1.	N N-M N-M N	Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI
	WAOW-DT CW Decades WJFW-DT Antenna TV	9 9-2. 9-3. 12-1. 12-2.	N N-M N-M N N-M	Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI
	WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD	9 9-2. 9-3. 12-1. 12-2. 33-1	N N-M N-M N N-M N	Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI
	WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV	9 9-2. 9-3. 12-1. 12-2. 33-1 33-2	N N-M N-M N N-M N N-M	Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI
	WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD	9 9-2. 9-3. 12-1. 12-2. 33-1	N N-M N-M N N-M N	Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI
	WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV	9 9-2. 9-3. 12-1. 12-2. 33-1 33-2	N N-M N-M N N-M N N-M	Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI Wausau, WI
	WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV MOVIES	9 9-2. 9-3. 12-1. 12-2. 33-1 33-2 33-3	N N-M N-M N N-M N-M N-M	Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI Wausau, WI Wausau, WI
	WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV MOVIES	9 9-2. 9-3. 12-1. 12-2. 33-1 33-2 33-3	N N-M N-M N N-M N-M N-M	Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI Wausau, WI Wausau, WI
	WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV MOVIES	9 9-2. 9-3. 12-1. 12-2. 33-1 33-2 33-3	N N-M N-M N N-M N-M N-M	Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI Wausau, WI Wausau, WI
	WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV MOVIES	9 9-2. 9-3. 12-1. 12-2. 33-1 33-2 33-3	N N-M N-M N N-M N-M N-M	Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI Wausau, WI Wausau, WI
	WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV MOVIES	9 9-2. 9-3. 12-1. 12-2. 33-1 33-2 33-3	N N-M N-M N N-M N-M N-M	Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI Wausau, WI Wausau, WI
	WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV MOVIES	9 9-2. 9-3. 12-1. 12-2. 33-1 33-2 33-3	N N-M N-M N N-M N-M N-M	Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI Wausau, WI Wausau, WI
	WAOW-DT CW Decades WJFW-DT Antenna TV WZAW-LD MeTV MOVIES	9 9-2. 9-3. 12-1. 12-2. 33-1 33-2 33-3	N N-M N-M N N-M N-M N-M	Wausau, WI Wausau, WI Wausau, WI Rhinelander, WI Rhinelander, WI Wausau, WI Wausau, WI Wausau, WI

EGAL NAME OF								SYSTEM I 25
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of i 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 abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locati	I-Band FM Carriage: Under C tem whenever it is received a wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 this point, see pa ed by the cable s a station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral in eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL SIGN		3/0	LOCATION OF STATION	UALL SIGN		3/0	LOCATION OF STATION	

	od: 2021/1						FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Price County Telepho	ne Comp	any					2526
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tifv everv no	onnetwork telev	ision program broadcast by	v a distant sta	tion that your	cable syst	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn	ning that mu	ust be included	in this log, see page (v) of t	he general in	structions in th	e paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	<ul> <li>During the accounting pe</li> </ul>	riod, did yo	ur cable syste	n carry, on a substitute ba	asis, any noni	network televi	sion progi	ram
Statement and Program Log	broadcast by a distant sta	-	,		, <b>,</b>		YES	× NO
Program Log							_	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete	e the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if thei	r meaning	g is
				vision program ("substitute	e program") t	hat during the	e account	ina
	period, was broadcast by a	a distant sta	ation and that y	our cable system substitu	ted for the pr	ogramming of	another s	station
	under certain FCC rules, re							
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Lo	ove Lucy"	or
	"NBA Basketball: 76ers vs.		adcast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
	Column 4: Give the bro	adcast stat	ion's location (	the community to which th	e station is li		FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		y when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth
			ne substitute pr	ogram was carried by you	r cable syste	m List the tim	nes accura	atelv
	to the nearest five minutes							
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules was substituted for program							ogram
	effect on October 19, 1976		your system w			o and rogulatio		
							TE	
	s				VVHE	N SUBSTITU		
		06311101	E PROGRAM	1	CARRI	AGE OCCUF		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM					AGE OCCUF	RRED	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIMI	RED ES	

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Price County Telephone Company	S	YSTEM ID# 2526
K 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 transmi (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.	ssion service mount, see	5 <mark>,573.00</mark>
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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • 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.	63,800	
	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	his six-mon	
	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	. <b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		nts!

Accounting Period:	2021/1							FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER C Price County Telepho							SYSTEM ID# 2526
M Channels	CHANNELS Instructions: You must of to its subscribers, and (2) 1. Enter the total number system carried televisio 2. Enter the total number on which the cable syste and nonbroadcast servi	the cable system's to of channels on which n broadcast stations of activated channels em carried television b	the cable	er of activated channel	s during the ac	ccounting period		21 256
N Individual to Be Contacted	INDIVIDUAL TO BE COI we can contact about this	s statement of account.	t.)	RMATION IS NEEDED	) (Identify an in	dividual to whor	m	
for Further Information	Name Robe	rt C. Thompson					Telephone	715-798-3303
	(Number	ox 67 ; street, rural route, apartm e, WI 54821 vn, state, zip) rthompson@nor				Fax (optional	)	
O Certification	(Agent of own in line 1 of s	han corporation or part ar other than corporat space B and that the own ther) I am an officer (if space B. ement of account and he ment o	artnershij tion or pa wner is no f a corpora nereby de knowledg X Enter an e Enter sign name: CFO	p) I am the owner of the artnership) I am the dul t a corporation or partne ation) or a partner (if a p clare under penalty of la	ly authorized ag ership; or partnership) of t aw that all state ef, and are mad ompson he line above to ature" (e.g., /s/.	gent of the owne the legal entity ic ements of fact co de in good faith. certify this stater	er of the cable dentified as ow	system as identified /ner of the cable system
		Date:				07/09/202	21	

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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

	2021/1	FORM SA1-2E. PAGE
AL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM I
ce County Te	lephone Company	252
The Satellite H lowing sentence "In dete service	<b>TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b> lome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- s and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusio
	mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	
-	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners?	
	r the total here and list the satellite carrier(s) below	
Name Mailing Address	Name           Mailing Address	
INTEREST		
You must com	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter t	he amount of late payment or underpayment	Interest Assessme
Line 1 Enter t	he amount of late payment or underpayment	Interest Assessme
	he amount of late payment or underpayment	Interest Assessme
	x	Interest Assessme
Line 2 Multipl	y line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multipl	y line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multipl Line 3 Multipl Line 4 Multipl	y line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multipl Line 3 Multipl Line 4 Multipl	y line 1 by the interest rate* and enter the sum here	Interest Assessme
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Line 2 Multipl Line 3 Multipl Line 4 Multipl in space * To view th contact th ** This is th NOTE: If you a	y line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multipl Line 3 Multipl Line 4 Multipl in space * To view th contact th ** This is th NOTE: If you a list below the co Owner	y line 1 by the interest rate* and enter the sum here	Interest Assessme

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