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

SA1-2E **Short Form**

| STATEME | ENT OF ACCOUNT | FOR COPYRIC | GHT OFFICE USE ONLY | Return completed workbook by email to |
|--------------|---|----------------------------|-----------------------------------|---|
| Cable System | ry Transmissions by ms (Short Form) ctions are located of this workbook. | DATE RECEIVED 8/25/2021 | AMOUNT \$ ALLOCATION NUMBER | coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150. |
| А | ACCOUNTING PERIOD COVER | RED BY THIS STATEMENT: (Y) | 'YY/(Period)) | |

| | | 2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
|------------|---|---|
| | | |
| | | Barcode Data Filing Period (optional - see instructions) |
| Accounting | | |
| 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. |
| | | |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM |
| | | WITTENBERG CABLE TV CO INC |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO BOX 309 |
| | | (Number, street, rural route, apartment, or suite number) |
| | | WITTENBERG, WI 54499 (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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: |
| | | MAILING ADDRESS OF CABLE SYSTEM: |
| | 2 | (Number, street, rural route, apartment, or suite number) |
| | | (City, town, state, zip code) |
| | | |

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

| Name | | | FORM SA1-2E. PAG |
|--|---------------------|--|---|
| WITTENBERG CABLE TV CO INC 3 Massion 1 <th1< th=""> 1 1 <th1< th=""></th1<></th1<> | Name | | SYSTEM |
| Image: Community of the second sec | | WITTENBERG CABLE TV CO INC | 31 |
| Image: Community of the second sec | | Instructions: List each separate community served by the cable system. A "commur | nity" is the same as a "community unit" as defined in FCC rul |
| Area discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter knows as the "first community." Please use it as the first community on all future filings. Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First CITY OR TOWN STATE Community ELAND WI Rows as Necessary BEVENT WI Rows as Necessary BEVENT WI REID WI WI | Р | | |
| Area served as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. First Community CITY OR TOWN STATE WITTENBERG WI Community ELAND WI Rows as Necessary BEVENT WI Rows as Necessary TIGERTON WI REID WI WI | U | | |
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| Served Identified city. First CITY OR TOWN First WITTENBERG Community ELAND Rows as Necessary BEVENT Rows as Necessary BEVENT RelD WI | Area | | nome parks should be reported in parentneses below the |
| First CITY OR TOWN STATE First WITTENBERG WI Community ELAND WI Rows as Necessary BEVENT WI RelD WI | | identified city. | |
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| TIGERTON WI REID WI | | | |
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| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | | | | | | FORM SA1 | TEM IC |
|-------------------------------|---|-------------------|------------|---|------------|--------------------|---------------|---------------------------|--------|
| Name | WITTENBERG CABLE | | • | | | | | 010 | 313 |
| | | | | | | | | | |
| Е | SECONDARY TRANSMISSION In General: The information in s | | | | | rv transmission s | service of t | he cable | |
| — | system, that is, the retransmissi | | | | | | | | |
| Secondary | about other services (including p | bay cable) in sp | bace F, i | not here. All the | facts you | u state must be t | | | |
| Transmission | last day of the accounting period | | | | | | -1 | h ma lu a m | |
| Service: Sub- scribers and | Number of Subscribers: Bot down by categories of secondar | - | | | | | • | | |
| Rates | each category by counting the n | | | | | | | | |
| | separately for the particular service | vice at the rate | indicate | d-not the num | ber of se | ts receiving serv | ice). | 0 | |
| | Rate: Give the standard rate of | - | - | • | | | | - | |
| | unit in which it is generally billed category, but do not include disc | · · · | , | | iy standa | ird rate variation | s within a | particular rate | |
| | Block 1: In the left-hand block | | | | ies of sec | condary transmis | sion 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 | | | | | a in the count ur | ider Servi | ce to the | |
| | Block 2: If your cable system | 0 | | | · · · | service that are | different f | rom those | |
| | printed in block 1 (for example, | tiers of services | s that inc | clude one or mo | ore secon | dary transmissio | ons), list th | em, together | |
| | with the number of subscribers a | and rates, in th | e right-h | and block. A tw | o- or thre | e-word descript | ion of the s | service is | |
| | sufficient. | | | | | | BLOCK | 2 | |
| | | NO. OF | | | | | | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIBI | ERS | RATE | CATE | EGORY OF SEF | RVICE | SUBSCRIBERS | RAT |
| | Residential: | | 419 | ¢07.00 | | | | | |
| | Service to first set | | 419 | \$97.90 | | | | | |
| | Service to additional set(s) | | | | | | | | |
| | • FM radio (if separate rate) | | 60 | ¢0.00 | | | | | |
| | Motel, hotel | | 68 65 | \$9.29 | | | | | |
| | Commercial | | 65 | \$26.20 | | | | | |
| | Converter Residential | | | | | | | | |
| | | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | | SIONS: RATES | \$ | | | | |
| - | In General: Space F calls for ra | | | | | all your cable sys | stem's serv | vices that were | |
| F | not covered in space E, that is, | | | | | | | | |
| Comilana | service for a single fee. There a | • | | | • | | • • • | | |
| Services Other Than | furnished at cost or (2) services amount of the charge and the up | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | acaany | Sillou. It ally fu | | larged on a van | | ogram bable, | |
| ransmissions: | Block 1: Give the standard ra | | | | | | | | |
| Rates | Block 2: List any services that | • • | | | - | | | | |
| | listed in block 1 and for which a brief (two- or three-word) descri | | , | | sned. List | these other ser | vices in the | e form of a | |
| | | | | | | | | | |
| | CATEGORY OF SERVICE | BLO RATE | | ORY OF SERV | | RATE | CATEGO | BLOCK 2 DRY OF SERVICE | RATE |
| | Continuing Services: | INAL | | ation: Non-resi | | INATE | CAILO | SIT OF SERVICE | |
| | • Pay cable | \$16 | | tel, hotel | | \$80.00 | | | |
| | Pay cable—add'l channel | | | nmercial | | \$80.00 | | | |
| | Fire protection | | - | / cable | | | | | |
| | •Burglar protection | | - | / cable-add'l cha | annel | | | | |
| | Installation: Residential | | - | protection | - | | | | |
| | • First set | \$80.00 | | glar protection | | | | | |
| | Additional set(s) | | | services: | | | | | |
| | • FM radio (if separate rate) | ,_ | | connect | | \$40.00 | | | |
| | | | | | | | | | |
| | Converter | | • Dise | connect | | | | | |
| | • Converter | | | | | \$25.00 | | | |
| | • Converter | | • Out | connect tlet relocation ve to new addre | ISS | \$25.00 \$40.00 | | | |

| | 2021/1 | | | FORM SA1-2E. PAGE 3 | | | | |
|----------------------------|--|---|--|---|--|--|--|--|
| me | LEGAL NAME OF OWNER OF | F CABLE SYSTEM: | | SYSTEM ID | | | | |
| | WITTENBERG CABL | E TV CO INC | | 3138 | | | | |
| | PRIMARY TRANSMITTERS: TELEVISION | | | | | | | |
| nary nitters: rision | carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rules | entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. | of (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta carried by your cable system on a su | time basis under ams [sections tions carried on a bstitute program | | | | |
| | | also in space I, if the station was carrie | | | | | | |
| | | on concerning substitute basis stations n's call sign. <i>Do not</i> report origination | | | | | | |
| | | d with a station according to its over-the | e-air designation. For example, rep | ort multistream | | | | |
| | "WETA-2" as the same on Column 2: Give the chann | el number the FCC assigned to the tele | evision station for broadcasting over | the air in its community | | | | |
| | | RC is channel 4 in Washington, D.C. a case whether the station is a network | station an independent station or | anoncommercial | | | | |
| | educational station, by enter | ering the letter "N" (for network), "N-M" | (for network multicast), "I" (for indep | endent), "I-M" | | | | |
| | , | , "E" (for noncommercial educational), erms, see page (iv) of the general instru | | onal multicast). | | | | |
| | Column 4: Give the location | on of each station. For U.S. stations, lis | t the community to which the station | , | | | | |
| | FCC. For Mexican or Cana | dian stations, if any, give the name of t | the community with which the station | n is identified. | | | | |
| | | | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | | |
| | WZAW | 33 | Ν | WAUSAU, WI | | | | |
| | WSAW | 7 | Ν | WAUSAU, WI | | | | |
| | WAOW | 9 | N | WAUSAU, WI | | | | |
| | WLUK | 11 | N | GREEN BAY, WI | | | | |
| | WHRM | 20 | Ν | WAUSAU, WI | | | | |
| ï | | | | | | | | |
| | WGBA | 26 | Ν | GREEN BAY, WI | | | | |
| | WGBA WACY | 26 32 | N I | GREEN BAY, WI APPLETON, WI | | | | |
| | WACY | | N 1 | APPLETON, WI | | | | |
| | WACY WVCY | 32 30 | <u>l</u> | APPLETON, WI MILWAUKEE, WI | | | | |
| | WACY | 32 | N I I N | APPLETON, WI | | | | |
| | WACY WVCY | 32 30 | <u>l</u> | APPLETON, WI MILWAUKEE, WI | | | | |
| | WACY WVCY | 32 30 | <u>l</u> | APPLETON, WI MILWAUKEE, WI | | | | |
| | WACY WVCY | 32 30 | <u>l</u> | APPLETON, WI MILWAUKEE, WI | | | | |
| | WACY WVCY | 32 30 | <u>l</u> | APPLETON, WI MILWAUKEE, WI | | | | |
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| | WACY WVCY | 32 30 | <u>l</u> | APPLETON, WI MILWAUKEE, WI | | | | |
| | WACY WVCY | 32 30 | <u>l</u> | APPLETON, WI MILWAUKEE, WI | | | | |

| | OWNER OF | | | | | | | SYSTEM II 31 |
|---|--|---|---|---|--|--|---|----------------------------------|
| | t every radio s | station c |) arried on a separate and disc enerally receivable by your ca | | | | | н |
| receivable 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 b monitoring, to prmation abourn. dentify the cal tate whether the radio stat this by placing sive the statio | y the sy be rece ut the Co I sign of the stati tion's sig g a cheo n's locat | II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. ion is AM or FM. gnal was electronically proces of mark in the "S/D" column. tion (the community to which th , the community with which th | at the system's H system's FM ar this point, see p sed by the cable the station is lice | neadend, and itenna, during age (v) of the e system as a nsed by the F | (2) it ca certain general separat | n be expected, stated intervals. instructions in the. e 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 | |
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| Accounting Perio | od: 2021/1 | | | | | | FORM | I SA1-2E. PAGE 5. |
|------------------|--|--------------|------------------|-----------------------------|----------------|-----------------|-------------|-------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | WITTENBERG CABLE | TV CO IN | IC | | | | | 3138 |
| | SUBSTITUTE CARRIAGI | E: SPECIA | AL STATEME | | G | | | |
| | In General: In space I, ident | - | - | | | tion that you | r cable eve | tem carried on a |
| • | substitute basis during the a | | | | | | | |
| Substitute | explanation of the programm | | | | | | | |
| Carriage: | 1. SPECIAL STATEMEN | | | | 5 | | | |
| Special | | | | | | | | |
| Statement and | During the accounting per | | ur cable syster | n carry, on a substitute ba | sis, any noni | network telev | lsion progi | |
| Program Log | broadcast by a distant sta | tion? | | | | | YES | × NO |
| | Note: If your answer is "No | " leave the | rest of this na | de blank. If your answer is | s "Yes " vouu | must comple | te the prod | Iram |
| | - | , 10010 110 | | ige blank. If your anower k | 5 100, you i | indot oompio | to the prog | ian |
| | log in block 2. | | | | | | | |
| | 2. LOG OF SUBSTITUTE In General: List each subst | | | ata lina. Llaa abbraviation | wherever p | oopible if the | ir mooning | a io |
| | clear. If you need more spa | | | | s wherever p | | en meaning | J 15 |
| | | | | vision program ("substitute | e program") t | hat during t | ne accounti | ina |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, re | gulations, o | or authorization | ns. See page (v) of the ge | neral instruct | tions for furth | er informa | tion. |
| | Do not use general categor | | | | | | | |
| | "NBA Basketball: 76ers vs. | | | | | | | |
| | | | | er "Yes." Otherwise enter ' | | | | |
| | | | | asting the substitute progr | | aanaad by th | a FCC ar | in |
| | the case of Mexican or Car | | | the community to which the | | | erccor, | In |
| | | | | stem carried the substitute | | | with the m | nonth |
| | first. Example: for May 7 giv | | When your ey | | program o | | , mar alo n | lonar |
| | | | e substitute pr | ogram was carried by you | r cable syste | m. List the ti | mes accura | ately |
| | to the nearest five minutes. | | | | | | | , |
| | stated as "6:00–6:30 p.m." | | | | | | | |
| | | | | n was substituted for prog | | | | |
| | to delete under FCC rules a | | | | | | | ogram |
| | was substituted for program effect on October 19, 1976. | • • | your system w | as permitted to delete und | ler FCC rules | s and regulat | ions in | |
| | | • | | | | | | |
| | | | | | WHE | N SUBSTIT | UTF | |
| | SI | UBSTITUT | E PROGRAM | 1 | | AGE OCCL | | 7. REASON FOR |
| | | 2. LIVE? | 3. STATION'S | | 5. MONTH | 6. TI | | DELETION |
| | 1. TITLE OF PROGRAM | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM - | - то | |
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| Accounting Period: | 2021/1 FORM SA1-2E. P. | AGE 6. |
|---|---|--------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM | |
| | WITTENBERG CABLE TV CO INC | 3138 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. | |
| L Copyright Royalty Fee | COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 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 | |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | 00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) | |
| | 1. Base amount under statutory formula \$ 263,800.00 | |
| | 2. Enter amount of gross receipts from space K \$ 262,765.13 | |
| | 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) | 65 |
| | 8. Interest charge. Enter the amount from line 4, space Q, page 8 | 00 |
| | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 1,308.6 | 65 |
| | 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 | |
| | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | |
| | FILING FEE AND TOTAL REMITTANCE DUE | |
| | | |
| Filing Fee and Total Remittance Due | | |
| | 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00 | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,328.6 | 65 |
| | EFT Trace # or TRANSACTION ID # 26T4D309 | |
| | 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: | 2021/1 | | | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|--|--|--|
| Name | | OWNER OF CABLE SYSTEM: S CABLE TV CO INC | | SYSTEM ID# 3138 |
| M Channels | to its subscribe Enter the to system carrie Enter the to on which the | rs, and (2) the cable system's total number al number of channels on which the cable | t stations | 9 74 |
| N Individual to Be Contacted | | O BE CONTACTED IF FURTHER INFOR about this statement of account.) | RMATION IS NEEDED (Identify an individual | |
| for Further Information | Name | SCOTT NYMAN | Telephone | 715-253-2114 |
| | Address | 104 W WALKER ST, PO BOX (Number, street, rural route, apartment, or suite WITTENBERG, WI 54499 (City, town, state, zip) | | |
| | Email | snyman@cirrinity.net | Fax (optional) | |
| O Certification | (Own (Age i X (Off i • I have examin are true, compl | nt of owner other than corporation or pa line 1 of space B and that the owner is no cer or partner) I am an officer (if a corpora line 1 of space B. ed the statement of account and hereby de | p) I am the owner of the cable system as identified in line 1 of space artnership) I am the duly authorized agent of the owner of the cable | system as identified wner of the cable system |
| | | Enter an e | /s/Scott Nyman electronic signature on the line above to certify this statement. ature using an "/s/ signature" (e.g., /s/ John Smith) | |
| | | Title: CEO | Scott Nyman | |
| | | (Title of official position | n held in corporation or partnership) 8/24/21 | |

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 its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

| | FORM SA1-2E. PAGE |
|--|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM II |
| TENBERG CABLE TV CO INC | 313 |
| 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 | P Special Statement Concerning Gross Receipts Exclusion |
| made by satellite carriers to satellite dish owners? | |
| 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 interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | Q |
| | |
| Line 1. Enter the amount of late neument or underneument | Interest Assessme |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessme |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessmen |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| x | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
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