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	ENT OF ACCOUNT	FOR COPYRIGI	by email to:				
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov 			
General instru	ms (Short Form) ctions are located of this workbook	07/15/2021 \$ For additional in contact the U.S. Office Licensing Tel: (202) 707-6					
A		BY THIS STATEMENT: (Y)					
Accounting	2021/1	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 I - see instructions)				
Period							
B Owner	of the subsidiary, not that of the parent of List any other name or names under whi	corporation. ch the owner conducts the business of t	diary of another corporation, give the full cor he cable system. :he last day of the accounting period should s				
	single statement of account and royalty	ee payment covering the entire account	ting period.				
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	63392			
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM					
	Richland-Grant Telephone Coopera	ative Inc					
	BUSINESS NAME(S) OF OWNER O	· · · ·)				
		(, , , , , , , , , , , , , , , , , , ,	/				
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM					
	202 N East Street (Number, street, rural route, apartment, or suite	number)					
	Blue River, WI 53518	,					
	(City, town, state, zip)						
C	INSTRUCTIONS: In line 1, give any busi names already appear in space B. In line						
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTE	М:					
	2 (Number, street, rural route, apartment, or suite	number)					

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

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Richland-Grant Telephone Cooperative, Inc.	63392
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future filings.	a list will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home narks should be reported in parentheses below the
Area	identified city.	e nome parks should be reported in parentneses below the
Served		
	CITY OR TOWN	STATE
First community	Gays Mills	WI
minumity	Boaz	WI
	Blue River	WI
as Necessary	Soliders Grove	WI

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM ID	
Name	Richland-Grant Telepho			nc.				010	6339	
Е	SECONDARY TRANSMISSION					, transmission ,	ooniloo ofi			
-	In General: The information in s system, that is, the retransmission	-		-		•				
Secondary	about other services (including p									
Transmission	last day of the accounting period									
Service: Sub-	Number of Subscribers: Both	•					•			
scribers and Rates	down by categories of secondar each category by counting the n	-				•				
Rates	separately for the particular serv							onargeu		
	Rate: Give the standard rate of	-	-	•				-		
	unit in which it is generally billed					rd rate variation	s within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block					ondary transmis	ssion servi	ce that cable		
	systems most commonly provide			-		•				
	that applies to your system. Not	e: Where an in	dividual	or organizatio	on is receiv	ing service that	falls unde	r different		
	categories, that person or entity					ι,	•			
	subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."									
	first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those									
	printed in block 1 (for example, t	iers of services	s that inc	lude one or m	nore secon	dary transmissio	ons), list th	em, together		
	with the number of subscribers a	and rates, in the	e right-h	and block. A t	wo- or thre	e-word descript	ion of the s	service is		
	sufficient.	DCK 1					BLOCK	(2		
		NO. OF		DATE	0.4.75			NO. OF	DAT	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Service to first set		864	13.33	Networ	k		131	13.3	
	Service to additional set(s)		882	5.00	Silver H			265	63.5	
	• FM radio (if separate rate)			0.00	Gold H			454	71.0	
	Motel, hotel				Old Go			6	98.5	
	Commercial		6	65.00	Old Silv			2	####	
	Converter									
	Residential									
	Non-residential									
									1	
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra									
•	not covered in space E, that is, t service for a single fee. There a									
Services	furnished at cost or (2) services	•			•			,		
Other Than	amount of the charge and the ur		usually	billed. If any r	ates are ch	narged on a vari	able per-p	rogram basis,		
Secondary ransmissions:	enter only the letters "PP" in the		ho cable	system for e	ach of the	applicable servi	cos listod			
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a	• •			-	-				
	brief (two- or three-word) descrip	otion and inclue	de the ra	te for each.						
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE	
			Installa	tion: Non-res	sidential					
	Continuing Services:									
	Continuing Services: • Pay cable		• Mot	el, hotel					••••••	
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Con	nmercial						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Con • Pay	nmercial cable						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		• Con • Pay • Pay	nmercial cable cable-add'l cl	nannel					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		• Con • Pay • Pay • Fire	nmercial cable cable-add'l cl protection						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		• Con • Pay • Pay • Fire • Burg	nmercial cable cable-add'l cl protection glar protection						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Con • Pay • Pay • Fire • Burg Other s	nmercial cable cable-add'l cl protection glar protection ervices:						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Con • Pay • Pay • Fire • Burg Other s • Rec	nmercial cable cable-add'l cl protection glar protection ervices: onnect						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)		• Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	nmercial cable cable-add'l cl protection glar protection ervices: onnect connect						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Con • Pay • Pay • Fire • Burq Other s • Rec • Disc • Outl	nmercial cable cable-add'l cl protection glar protection ervices: onnect	I					

NI	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM
Name	Richland-Grant Telep	hone Cooperative, Inc.		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: 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 Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, With Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part- le carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct brogram services such as HBO, ESI e-air designation. For example, rep vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educated 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
	WISC	3	N	Madison, WI
	WISC DT-2	4	N-M	Madison, WI
d Rows as Necessary	WLAX DT-2	6	N-M	LaCrosse, WI
	ary WLAX DT-2 6 WKBT DT-2 7	N-M	LaCrosse, WI	
	WKBT	8	N	LaCrosse, WI
	WMTV DT-2	9		
	wxow	10	N	LaCrosse, WI
	WHA DT-4	12	E-M	Madison WI
	WMTV	15	N	Madison WI
	WMTV DT-4	17	N-M	Madison WI
Rows as Necessary	wxow	19	Ν	LaCrosse WI
	WHA	21	E	Madison WI
	WHA DT-2	22	E-M	Madison WI
			- sa	
	WHA DT-3	23	E-M	Madison WI
	WHA DT-3 WMSN	23 24	E-M N	Madison WI
	WMSN	24	N	Madison WI
	WMSN WLAX	24 25	N N	Madison WI LaCrosse WI
	WMSN WLAX WMTV DT-3	24 25 26	N N N-M	Madison WI LaCrosse WI Madison WI
	WMSN WLAX WMTV DT-3 WKOW	24 25 26 27	N N N-M N	Madison WI LaCrosse WI Madison WI Madison WI
	WMSN WLAX WMTV DT-3 WKOW WKOW DT-2	24 25 26 27 28	N N N-M N N-M	Madison WI LaCrosse WI Madison WI Madison WI Madison WI
	WMSN WLAX WMTV DT-3 WKOW WKOW DT-2 WKOW DT-3	24 25 26 27 28 29	N N N-M N-M N-M N-M	Madison WI LaCrosse WI Madison WI Madison WI Madison WI Madison WI
	WMSN WLAX WMTV DT-3 WKOW WKOW DT-2 WKOW DT-3 WMSN DT-2	24 25 26 27 28 29 20	N N N-M N-M N-M N-M N-M	Madison WI LaCrosse WI Madison WI

ounting Period:	: 2021/1			FORM SA1-2E. PA			
N	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	Richland-Grant Telep	hone Cooperative, Inc.		63			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable syster	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	t (1) stations carried only on a part	-time basis under			
Primary		(2) and (4) , or 76.63 (referring to 76.6					
Transmitters:							
Television		With respect to any distant stations c	arried by your cable system on a s	ubstitute program			
	basis under specific FCC rules, regulations, or authorizations:						
	• Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.						
	 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other 						
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions.						
	Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each						
	multicast stream associated with a station according to its over-the-air designation. For example, report multistream						
	"WETA-2" as the same on the form.						
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.						
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial						
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"						
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).						
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.						
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the						
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WLAX DT-4	66	N-M	LaCrosse WI			
	WKOW DT-4	44	N-M	Madison WI			

EGAL NAME OF								SYSTEM I	
Richland-Gra	ant Teleph	one Co	ooperative, Inc.					633	
		RADIO							
In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.									
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat 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 locatio	I-Band FM Carriage: Under C item 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 his point, see pa ed by the cable s e station is licens	eadend, 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		

Accounting Perio							FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Richland-Grant Teleph	none Coo	perative, Inc	C.				63392
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a							
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	he general in	structions in t	he paper S	A1-2 form.		
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	isis, any noni	network telev	ision prog	ram	
Program Log	broadcast by a distant sta			YES	× NO			
i rogram zog	-				- "\/"		_	
	 broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute")					must comple	te the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the ge							
		s wherever n	ossible if the	eir meaning	n is			
		s wherever p		on meaning	<i>y</i> 10			
	Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station							
	"NBA Basketball: 76ers vs.			ciball. List specific progra		szampie, i L	Ove Lucy	01
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th			- 500	:
	the case of Mexican or Car							In
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ned by a system from 6.0	1:15 p.m. to c	5.26:30 p.m.	should be	
		er "R" if the	e listed prograr	n was substituted for prog	ramming that	t your systen	n was <i>requ</i>	ired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regulat	ions in	
		•						
						N SUBSTIT		
	S		E PROGRAM			AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM –		BLLEHON
							-	
							-	
						_	-	
							-	
						_	-	
							-	
						_	-	
							-	
						_	-	
							-	
							-	
1								
							-	

Accounting Period:	2021/1	FORM SA1-2	E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYS	TEM ID#						
	Richland-Grant Telephone Cooperative, Inc.		63392						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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.	ission service amount, se	52.65 eccipts)						
	COPYRIGHT ROYALTY FEE								
L Copyright Royalty Fee	Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,80(
	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 the accounting period is \$52.00	s 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 \$137,10	0)							
	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								
	6. Subtract line 5 from line 4								
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00						
			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 \$527,6	00)							
	1. Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula \$ 263,800.00								
	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 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 # 265N9118								
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more								

Namo	Accounting Period:	2021/1				FORM SA1-2E. PAGE 7.
M Channels Instructions: Yes must give (1) the number of channels on which the seles expension cannels blevesion breakdoat stations:	Name			с.		SYSTEM ID# 63392
Individual in Be Contacted by the statement of account.) Information Incre Lord Thomas Address 202 N East Street Contacted by the statement of account with a statement of the acable system as identified in line 1 of space B, or Certification (Other other than corporation or partnership) 1 am the owner of the cable system as identified in line 1 of space B, or Image: A complete, and or or partnership) 1 am the owner of the cable system as identified in line 1 of space B, or Image: A complete, and or or partnership) 1 am the owner of the cable system as identified in line 1 of space B, or Image: A complete, and or or partnership) 1 am the owner of the cable system as identified in line 1 of space B, or Image: A complete, and or or partnership) 1 am the owner of the cable system as identified in line 1 of space B, or Image: A complete, and or or partnership) 1 am the owner of the cable system as identified in line 1 of space B, or Image: A complete in a difference in a corporation or partnership) of the logal entity identified as owner of the cable sy		 Instructions: You must g to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable system 	the cable system's tota of channels on which th broadcast stations of activated channels m carried television bro	I number of activated channels during the according to the		
Information Address 202 N East Street Address 202 N East Street Underst, steet, underst, spectrum, sol, spectrum, spe	Individual to Be Contacted	we can contact about this	statement of account.)	INFORMATION IS NEEDED (Identify an indiv		
Interference Interference		Name Lori T	homas		Telephone	608-537-2461
Certification • 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.) • (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B and that the owner is not a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (B) U.S.C., Section 1001(1986)) Event (a, b, d, b) Dh Bartz There a electronic signature using an '/s' signature'' (e.g., /s/ John Smith) Typed or printed marrie: Dohn Bartz Title: CEOCM Title or official position held in corporation or partnership).		(Number, Blue I (City, tow	street, rural route, apartmer River, WI 53518 n, state, zip)	It, or suite number)	Fax (optional) 608-537-222	2
Date: 7/15/2021	-	 I, the undersigned, hereby (Owner other the other the other of owner in line 1 of s X (Officer or particular in line 1 of s I have examined the state are true, complete, and contact of the other other	r other than corporation or part r other than corporatio pace B and that the own mer) I am an officer (if a pace B. ment of account and he rect to the best of my kr 986)] Typed or printed na Title:	but only one, of the boxes.) nership) I am the owner of the cable system as on or partnership) I am the duly authorized ages er is not a corporation or partnership; or corporation) or a partner (if a partnership) of the reby declare under penalty of Iaw that all statem iowledge, information, and belief, and are made X /s/ John Bartz Ther an electronic signature on the line above to ce ther signature using an "/s/ signature" (e.g., /s/ John Bartz ED/GM	s identified in line 1 of space nt of the owner of the cable s e legal entity identified as ow eents of fact contained hereir in good faith. ertify this statement. hn Smith)	system as identified mer of the cable system
			Date:		7/15/2021	

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.

Additional distance 633 Special Stateme Sevice of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers enceiving secondary transmissions pursuant to section 119.* Pecial Stateme Concerning Gross Recipite accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions mane Mame Maining Address Mame Maining Address Drunsut complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation or interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	unting Period: 2021/1	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING decoporation to the second s	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Stabilite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: P The determining the total number of subscribers and the gross amounts paid to the cable system for the basic sorbers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.* P 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. S During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite (carrier(s) below. S Maing Address Maing Address Maing Address Maing Address Interest ASSESSMENT You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (vii) of the general instructions located in the paper SA1-2 form. Interest Assessment. Line 1 Enter the amount of late payment or underpayment. - For an explanation of interest assessment, see page (vii) of the general instructions located in the paper SA1-2 form. Interest Assessment Line 2 Multiply line 1 by the interest rate* and enter the sum here	nland-Grant Telephone Cooperative, Inc.	63392
Mailing Address Mailing Address Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments are submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments are submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments are submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments payments and enter the sum here	 The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Image: Complete the late row in the original filing. Image: Complete the late row in the original filing. Image: Complete the late row in the original filing. Image: Complete the late row in the original filing. Image: Complete the late row in the original filing. Image: Complete the late row in the original filing. Image: Complete the late row in the original filing. I		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Image: Complete the late row in the original filing. Image: Complete the late row in the original filing. Image: Complete the late row in the original filing. Image: Complete the late row in the original filing. Image: Complete the late row in the original filing. Image: Complete the late row in the original filing. Image: Complete the late row in the original filing. I		
Line 1 Ether the amount of late payment of underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here . - x	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
x	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 - * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number		
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <u>f</u>	Line 3 Multiply line 2 by the number of days late and enter the sum here	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number ID number	in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number ID number		
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address ID number	NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
ID number	list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
	Owner	
First community served	Owner Address	
Accounting period	Owner Address ID number	

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 th 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.