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

## SA1-2E Short Form

STATEM	FNT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
Cable Syste		,	8/25/21	\$	For additional information, contact the U.S. Copyright
General instru			0/20/21	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
	01 1115	WUNDOOK		ALLOCATION NOMBER	
r					
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			1		
			Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of t title of the subsidiary, not that of the pare		sidiary of another corporation, give the full of	corporate
Owner		List any other name or names under whic	h the owner conducts the business of	the cable system.	
		If there were different owners during the single statement of account and royalty for		n the last day of the accounting period should	d submit a
		Check here if this is the system's first filin			63535
			g. If not, enter the system's in humbe	assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Λ	
		BROWN COUNTY C-LEC LLC			
		BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	Т)	
		CELLCOM			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO BOX 19079			
		(Number, street, rural route, apartment, or suite n GREEN BAY, WI 54307-907 (City, town, state, zip)			
•	INST		ness or trade names used to ide	entify the business and operation of t	he system unless these
С	name	s already appear in space B. In line	2, give the mailing address of t	he system, if different from the addre	ss given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip code)			
<u> </u>		(			
				a personally identifying information (PII) regue	and an effective

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	BROWN COUNTY C-LEC LLC	635
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single you list will serve as a form of system identification hereafter kno ys.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	SHAWANO	WI
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM IC
Name								313	6353
	BROWN COUNTY C-LE	CLLC							0000
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND R	ATES				
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including particular services)								
Fransmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•				,	ble systen	n, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n separately for the particular serv			0,0				s charged	
	<b>Rate:</b> Give the standard rate of					•	,	ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc								
	Block 1: In the left-hand block	•		•		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						nder "Serv	ice to the	
	first set" and would be counted o							с и	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.	,	5						
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	000001110			0,111				
	Service to first set		358	89.55					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rai		,		•				
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			•		0 (	,	
Other Than	amount of the charge and the ur		usually	billed. If any ra	ites are cl	harged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the		ha aabla	avotom for or	ab of the	appliaghte convi	oog ligtad		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							t were not	
i latoo	listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip	otion and includ	le the ra	te for each.					
		BL O	CK 1					BLOCK 2	
					/ICF	RATE	CATEG	ORY OF SERVICE	RAT
	CATEGORY OF SERVICE		CATEG	ORY OF SER					
	CATEGORY OF SERVICE Continuing Services:			ORY OF SER tion: Non-res		TUTE			
			Installa						
	Continuing Services:	RATE	Installa • Mot	tion: Non-res					
	Continuing Services: • Pay cable	RATE	Installa • Mot • Con	<b>tion: Non-res</b> el, hotel					
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installa • Mot • Con • Pay	<b>tion: Non-res</b> el, hotel nmercial	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installa • Mot • Con • Pay • Pay	<b>tion: Non-res</b> el, hotel nmercial cable	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	RATE	Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	idential				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installa • Mot • Con • Pay • Pay • Fire • Burq Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices:	idential				
	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)	RATE	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect	idential				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	BROWN COUNTY C-L			63
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 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 information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on the <b>Column 2:</b> Give the channel 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 ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa- icitions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program u Log)—if the so on some other tions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBAY	2	N	GREEN BAY, WI
	WBAY WEATHER	2.2	N-M	GREEN BAY, WI
Rows as Necessary	WBAY	2.3	I-M	GREEN BAY, WI
	WBAY	2.4	I-M	GREEN BAY, WI
	WBAY	2.5	I-M	GREEN BAY, WI
	WFRV	_		
	WFRV	5	Ν	GREEN BAY, WI
	WFRV	5.2	N-M	GREEN BAY, WI GREEN BAY, WI
	WFRV	5.2	N-M	GREEN BAY, WI
	WFRV WLUK	5.2 11	N-M N	GREEN BAY, WI GREEN BAY, WI
	WFRV WLUK WLUK	5.2 11 11.2	N-M N N-M	GREEN BAY, WI GREEN BAY, WI GREEN BAY, WI
	WFRV WLUK WLUK WLUK	5.2 11 11.2 11.3	N-M N N-M N-M	GREEN BAY, WI GREEN BAY, WI GREEN BAY, WI GREEN BAY, WI
	WFRV WLUK WLUK WLUK WCWF	5.2 11 11.2 11.3 14	N-M N N-M N-M I	GREEN BAY, WI GREEN BAY, WI GREEN BAY, WI GREEN BAY, WI GREEN BAY, WI
	WFRV WLUK WLUK WLUK WCWF WCWF	5.2 11 11.2 11.3 14 14.2	N-M N N-M N-M I I I-M	GREEN BAY, WI GREEN BAY, WI GREEN BAY, WI GREEN BAY, WI GREEN BAY, WI GREEN BAY, WI
	WFRV WLUK WLUK WLUK WCWF WCWF	5.2 11 11.2 11.3 14 14.2 14.3	N-M N N-M I I I-M I-M	GREEN BAY, WI GREEN BAY, WI GREEN BAY, WI GREEN BAY, WI GREEN BAY, WI GREEN BAY, WI GREEN BAY, WI
	WFRV WLUK WLUK WLUK WCWF WCWF WCWF	5.2 11 11.2 11.3 14 14.2 14.3 14.4	N-M N N-M I I I-M I-M I-M	GREEN BAY, WI GREEN BAY, WI
	WFRV WLUK WLUK WLUK WCWF WCWF WCWF WCWF WGBA	5.2 11 11.2 11.3 14 14.2 14.3 14.4 26	N-M N N-M N-M I I I-M I-M I-M N	GREEN BAY, WI GREEN BAY, WI
	WFRV WLUK WLUK WCWF WCWF WCWF WCWF WCWF WGBA	5.2 11 11.2 11.3 14 14.2 14.3 14.4 26 26.2	N-M N N-M I I I-M I-M I-M N N N-M	GREEN BAY, WI GREEN BAY, WI
	WFRV WLUK WLUK WLUK WCWF WCWF WCWF WCWF WGBA WGBA	5.2 11 11.2 11.3 14 14.2 14.3 14.4 26 26.2 26.3	N-M N N-M N-M I I I-M I-M I-M N N-M N-M	GREEN BAY, WI GREEN BAY, WI
	WFRV WLUK WLUK WCWF WCWF WCWF WCWF WGBA WGBA WGBA	5.2 11 11.2 11.3 14 14.2 14.3 14.4 26 26.2 26.3 26.4	N-M N N-M N-M I I I-M I-M I-M N N-M N-M	GREEN BAY, WI GREEN BAY, WI
	WFRV WLUK WLUK WLUK WCWF WCWF WCWF WCWF WGBA WGBA WGBA WGBA	5.2 11 11.2 11.3 14 14.2 14.3 14.4 26 26.2 26.3 26.4 32	N-M N N-M N-M i i i-M i-M i-M i-M N N-M N-M N-M i i	GREEN BAY, WI         APPLETON, WI
	WFRV WLUK WLUK WLUK WCWF WCWF WCWF WGBA WGBA WGBA WGBA WGBA WGBA	5.2 11 11.2 11.3 14 14.2 14.3 14.4 26 26.2 26.3 26.4 32 32.2	N-M N N-M N-M 1 1-M 1-M 1-M N N-M N-M N-M N-M 1 1 1 1-M	GREEN BAY, WI GREEN BAY, WI APPLETON, WI
	WFRV WLUK WLUK WCWF WCWF WCWF WGBA WGBA WGBA WGBA WGBA WGBA WGBA WGBA	5.2 11 11.2 11.3 14 14.2 14.3 14.4 26 26.2 26.2 26.3 26.3 26.4 32 32.2 32.3	N-M N N-M N-M 1 1 1-M 1-M 1-M 1-M 1 N N N-M N-M 1 1 1 1-M 1-M	GREEN BAY, WIGREEN BAY, WIAPPLETON, WIAPPLETON, WIAPPLETON, WI

Accounting Period:	2021/1			FORM SA1-2E. PAGE 3.
N	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	BROWN COUNTY C-L	EC LLC		63535
	PRIMARY TRANSMITTERS:	TELEVISION		
<b>G</b> Primary	carried by your cable system FCC rules and regulations in	n during the accounting period, <i>excer</i> n effect on June 24, 1981, permitting t	y translator stations and low power tele t (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati	me basis under ms [sections
Transmitters: Television	substitute program basis, as Substitute Basis Stations:	explained in the next paragraph.	arried by your cable system on a sub-	
	• Do not list the station here station was carried only on a	in space G—but do list it in space I ( a substitute basis.	the Special Statement and Program L	
	basis. For further information <b>Column 1:</b> List each station	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination	ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor	ons. N, etc.  Identify each
	of license. For example, WF	I number the FCC assigned to the tel RC is channel 4 in Washington, D.C.	evision station for broadcasting over t station, an independent station, or a	
	educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is	ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	lian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER	the community with which the station i	4. LOCATION OF STATION
	WPNE	38.4	E-M	GREEN BAY, WI

EGAL NAME OI								SYSTEM I 635
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of or detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < 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 le station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate a	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	
		I	l			<u> </u>		

Accounting Perio							FO	
Name	LEGAL NAME OF OWNER OF		re <mark>M</mark> :					SYSTEM ID#
	BROWN COUNTY C-L	EC LLC						63535
Substitute Carriage:	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	tify every non- accounting pe ning that mus	enetwork televi eriod, under sp st be included	<i>ision program,</i> broadcast by becific present and former F in this log, see page (v) of t	/ a <i>distant</i> sta CC rules, reg	ulations, o	<sup>-</sup> authorizat	ions. For a further
Special	During the accounting pe				isis, any nonr	network tel	evision pro	ogram
Statement and Program Log	broadcast by a distant sta	•					YES	
• •	Note: If your answer is "No	o", leave the i	rest of this pa	ige blank. If your answer is	s "Yes," you r	nust comp		
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Cat <b>Column 5:</b> Give the mon first. Example: for May 7 gi	e of every nor a distant statil egulations, or ries like "mov . Bulls." m was broad sign of the s adcast statio nadian station nth and day v ive "5/7." nes when the . Example: a	nnetwork tele ion and that y r authorization vies" or "bask dcast live, ente station broadc on's location (f ons, if any, the when your sy e substitute pro program carr	vision program ("substitute our cable system substitut ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter " casting the substitute progra- the community to which the stem carried the substitute ogram was carried by you ried by a system from 6:01	ted for the pro neral instruct am titles, for e "No." ram. e station is lid e program. Us r cable syste I:15 p.m. to 6	ogramming ions for fu example, " censed by entified). se numera m. List the i:28:30 p.n	g of anothe rther inform I Love Lucy the FCC o Is, with the times acco n. should b	er station nation. y" or r, in e month urately
	<b>Column 7:</b> Enter the lett to delete under FCC rules was substituted for program	and regulation ming that ye	ons in effect d	uring the accounting perio	od; enter the l	etter "P" if	the listed p	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulatio mming that yo b.	ons in effect d our system w	luring the accounting period as permitted to delete unc	od; enter the l ler FCC rules WHE	etter "P" if and regu	the listed plations in	program
	to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulation mming that yo b. UBSTITUTE 2. LIVE?	E PROGRAM	luring the accounting pericas permitted to delete unc	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed plations in ITUTE CURRED	
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulation mming that yo UBSTITUTE	ons in effect d our system w	luring the accounting period as permitted to delete unc	od; enter the l ler FCC rules WHE CARRI	etter "P" if and regul	the listed plations in	7. REASON FO
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulation mming that yo b. UBSTITUTE 2. LIVE?	E PROGRAM	luring the accounting pericas permitted to delete unc	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed plations in ITUTE CURRED	7. REASON FO
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulation mming that yo b. UBSTITUTE 2. LIVE?	E PROGRAM	luring the accounting pericas permitted to delete unc	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed plations in ITUTE CURRED	7. REASON FO
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulation mming that yo b. UBSTITUTE 2. LIVE?	E PROGRAM	luring the accounting pericas permitted to delete unc	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed plations in ITUTE CURRED	7. REASON FC
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulation mming that yo b. UBSTITUTE 2. LIVE?	E PROGRAM	luring the accounting pericas permitted to delete unc	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed plations in ITUTE CURRED	7. REASON FO
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulation mming that yo b. UBSTITUTE 2. LIVE?	E PROGRAM	luring the accounting pericas permitted to delete unc	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed plations in ITUTE CURRED	7. REASON FC
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulation mming that yo b. UBSTITUTE 2. LIVE?	E PROGRAM	luring the accounting pericas permitted to delete unc	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed plations in ITUTE CURRED	7. REASON FC
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulation mming that yo b. UBSTITUTE 2. LIVE?	E PROGRAM	luring the accounting pericas permitted to delete unc	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed plations in ITUTE CURRED	7. REASON FC
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	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulation mming that yo b. UBSTITUTE 2. LIVE?	E PROGRAM	luring the accounting pericas permitted to delete unc	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed plations in ITUTE CURRED	7. REASON FC
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	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulation mming that yo b. UBSTITUTE 2. LIVE?	E PROGRAM	luring the accounting pericas permitted to delete unc	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed plations in ITUTE CURRED	7. REASON FC
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulation mming that yo b. UBSTITUTE 2. LIVE?	E PROGRAM	luring the accounting pericas permitted to delete unc	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed plations in ITUTE CURRED	7. REASON FC
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulation mming that yo b. UBSTITUTE 2. LIVE?	E PROGRAM	luring the accounting pericas permitted to delete unc	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed plations in ITUTE CURRED	7. REASON FC
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulation mming that yo b. UBSTITUTE 2. LIVE?	E PROGRAM	luring the accounting pericas permitted to delete unc	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed plations in ITUTE CURRED	7. REASON FC
	to delete under FCC rules was substituted for prograr effect on October 19, 1976 S	and regulation mming that yo b. UBSTITUTE 2. LIVE?	E PROGRAM	luring the accounting pericas permitted to delete unc	wd; enter the l ler FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	the listed plations in ITUTE CURRED	7. REASON FC
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Accounting Period:	<b>2021/1</b> FORM SA1-2E. PAGE
News	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
Name	BROWN COUNTY C-LEC LLC 6353
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 for 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 \$263,80( 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.
	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
	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
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 224,927.00
	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
	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
	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)
	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)
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 \$ 950.27
	EFT Trace # or TRANSACTION ID # 26T209EE
	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:			SYSTEM ID# 63535
M Channels	<ol> <li>to its subscribe</li> <li>Enter the tot system carrie</li> <li>Enter the tot on which the</li> </ol>	ers, and (2) the cable system's t al number of channels on which d television broadcast stations al number of activated channel cable system carried television	ls	g the accounting period.	25 227
N Individual to Be Contacted		O BE CONTACTED IF FURTH t about this statement of account	HER INFORMATION IS NEEDED (Identit nt.)	fy an individual to whom	
for Further Information	Name Address	Amy Perkins PO Box 19079		Telephone 920	-617-7026
		(Number, street, rural route, apart Green Bay, WI 54307 (City, town, state, zip)			
	Email	amy.perkins@r	nsight.com	Fax (optional) 920-617-7039	
O Certification	I, the undersig     (Owr     (Age     in     X     (Off     in     in     I have examin     are true, comple	ned, hereby certify that (Check on ner other than corporation or p ont of owner other than corpor n line 1 of space B and that the o icer or partner) I am an officer on n line 1 of space B. ed the statement of account and	<b>ration or partnership)</b> I am the duly autho owner is not a corporation or partnership; o	system as identified in line 1 of space B; or rized agent of the owner of the cable syster or hip) of the legal entity identified as owner o all statements of fact contained herein	
			X /s/ Dan Fabry Enter an electronic signature on the line a Enter signature using an "/s/ signature" (e	-	
		Typed or printer Title: (Title of c	d name: Dan Fabry COO of Mobile and Fixed Op official position held in corporation or partnership)	perations	
		Date:		8/23/2021	

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

ounting Period: 2	021/1	FORM SA1-2E. PAGE
AL NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM II
OWN COUNT	Y C-LEC LLC	6353
The Satellite He lowing sentence "In deter service of scribers For more inform located in the p During the accor made by satellite X NO	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e:         mining 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- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."         nation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form.         ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions te carriers to satellite dish owners?         the total here and list the satellite carrier(s) below.       \$	P Special Statement Concerning Gross Receipts Exclusior
Name Mailing Address	Name       Mailing Address	
	ASSESSMENT	
•	lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viji) of the general instructions located in the paper SA1-2 form.	Q
For an explana	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<b>Q</b> Interest Assessmen
For an explana	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  ne amount of late payment or underpayment	Q Interest Assessmen
For an explana Line 1 Enter th Line 2 Multiply	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  ne amount of late payment or underpayment	Q Interest Assessmen
For an explanation of the second seco	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  The amount of late payment or underpayment	Q Interest Assessmen
For an explanation Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  The amount of late payment or underpayment	Q Interest Assessme
For an explanat Line 1 Enter th Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view th contact th	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  The amount of late payment or underpayment	Q Interest Assessme
For an explanate Line 1 Enter the Line 2 Multiply Line 3 Multiply in space * To view the contact the ** This is the NOTE: If you an	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  The amount of late payment or underpayment	Q Interest Assessme
For an explanate Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you an	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  The amount of late payment or underpayment	Q Interest Assessme
For an explanate Line 1 Enter the Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you are list below the or Owner	tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  The amount of late payment or underpayment	Q Interest Assessme

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