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

## SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located	8-23-21	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYY	Y/(Period))	
2021/01	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20211 Barcode Data Filing Period (optional - see instructions)
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.
	х	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
		Potlatch Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Road (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717
		(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:
	-	TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notic	e: Sectio	n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Potlatch Telephone Company	
D	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or r	ed communities within unincorporated areas and including single, discrete t will serve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First Community	Kendrick	ID
Jonninumity		
ows as Necessary		
wo us recessury		

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C							515	TEM IC
	Potlatch Telephone Cor	npany							
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	ATES				
E	In General: The information in s	•		0					
<b>.</b> .	system, that is, the retransmissi					•			
Secondary Transmission	about other services (including particular to a service of the accounting period						nose exis	ting on the	
Service: Sub-	Number of Subscribers: Both						ole systen	n, broken	
scribers and	down by categories of secondar			•		•			
Rates	each category by counting the n			•••				s charged	
	separately for the particular server Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	counts allowed	for adva	ance payment.					
	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								
	first set" and would be counted of							<b>.</b>	
	Block 2: If your cable system printed in block 1 (for example, f	•		-					
	with the number of subscribers a					,		, 0	
	sufficient.		, indiana						
	BL	OCK 1					BLOCI		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:				0,111				
	Service to first set		12	\$25/mo					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		12	\$6/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC		Nemie		2			•	
_	In General: Space F calls for ra					II your cable sys	tem's ser	vices that were	
F	not covered in space E, that is,	those services	that are	e not offered in	combinatio	on with any seco	ondary tra	nsmission	
	service for a single fee. There a								
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usuuny	billed. If dify it		larged on a van		logiani baolo,	
ransmissions:	Block 1: Give the standard ra	te charged by t							
Rates	Block 2: List any services that	• •			-				
	listed in block 1 and for which a brief (two- or three-word) description				isned. List	these other serv	nces in th	e ionn of a	
		_							
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATI
	Continuing Services:			ation: Non-res		INAIL	CAILO	ORT OF SERVICE	10411
	Pay cable	\$8.00-\$19.99		tel, hotel	laonnaí				
	Pay cable—add'l channel			mmercial		\$0-\$49.95			
	• Fire protection			y cable					
	•Burglar protection			y cable-add'l cł	nannel				
	Installation: Residential			e protection					
		\$0-\$49.95		glar protection					
	• First set	$\psi 0^{-}\psi + 0.00$		- •			1		
	<ul><li>First set</li><li>Additional set(s)</li></ul>	\$0-\$49.95	Other :	services:					
				services: connect		\$0-\$25			
	<ul> <li>Additional set(s)</li> </ul>		• Re			\$0-\$25			
	• Additional set(s) • FM radio (if separate rate)		• Re • Dis	connect		\$0-\$25 19.98-39.96			

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTE
Name	Potlatch Telephone	Company		
	PRIMARY TRANSMITTERS:			
<b>G</b> Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Station</b> basis under specific FCC r	lentify every television station (including tra em during the accounting period, <i>except</i> (1 i in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61( as explained in the next paragraph. <b>s:</b> With respect to any distant stations carr rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis.	<ol> <li>stations carried only on a part-ti carriage of certain network progra (e)(2) and (4))]; and (2) certain statistication ried by your cable system on a sultiplication.</li> </ol>	ime basis under ams [sections ations carried on a bstitute program
	• List the station here, and basis. For further informati <b>Column 1:</b> List each static multicast stream associate	also in space I, if the station was carried b ion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	ee page (v) of the general instruct ogram services such as HBO, ESF	tions. PN, etc. Identify each
	of license. For example, V Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these the Column 4: Give the location	the form. hel number the FCC assigned to the televis VRC is channel 4 in Washington, D.C. th case whether the station is a network sta- ering the letter "N" (for network), "N-M" (fo- ), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct on of each station. For U.S. stations, list th- adian stations, if any, give the name of the	ation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station	a noncommercial bendent), "I-M" tional multicast). I is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAYU	28.1	Ν	Spokane, WA
	KAYU-DT2	28.2	N-M	Spokane, WA
Rows as Necessary	KCDT	26.1	E	Coeur d'Alene, ID
	KCDT-DT2	26.2	E-M	Coeur d'Alene, ID
	KCDT-DT3	26.3	E-M	Coeur d'Alene, ID
	KCDT-DT3 KCDT-DT4	26.3 26.4	E-M E-M	Coeur d'Alene, ID Coeur d'Alene, ID
	KCDT-DT4	26.4	E-M	Coeur d'Alene, ID
	KCDT-DT4 KCDT-DT5	26.4 26.5	E-M E-M	Coeur d'Alene, ID Coeur d'Alene, ID
	KCDT-DT4 KCDT-DT5 KHQ	26.4 26.5 6.1	E-M E-M N	Coeur d'Alene, ID Coeur d'Alene, ID Spokane, WA
	KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2	26.4 26.5 6.1 6.2	E-M E-M N N-M	Coeur d'Alene, ID Coeur d'Alene, ID Spokane, WA Spokane, WA
	KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM	26.4 26.5 6.1 6.2 2.1	E-M E-M N N-M N	Coeur d'Alene, ID Coeur d'Alene, ID Spokane, WA Spokane, WA Spokane, WA
	KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2	26.4           26.5           6.1           6.2           2.1           2.2	E-M E-M N N-M N-M	Coeur d'Alene, ID Coeur d'Alene, ID Spokane, WA Spokane, WA Spokane, WA Spokane, WA
	KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT3	26.4           26.5           6.1           6.2           2.1           2.2           2.3	E-M E-M N N-M N-M N-M N-M	Coeur d'Alene, ID Coeur d'Alene, ID Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA
	KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT3 KXLY	26.4       26.5       6.1       6.2       2.1       2.2       2.3       4.1	E-M E-M N N-M N-M N-M N-M N-M	Coeur d'Alene, ID Coeur d'Alene, ID Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA
	KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT3 KXLY KXLY-DT2	26.4       26.5       6.1       6.2       2.1       2.2       2.3       4.1       4.2	E-M E-M N N-M N-M N-M N-M N-M	Coeur d'Alene, ID Coeur d'Alene, ID Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA
	KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT3 KXLY KXLY-DT2 KXLY-DT3	26.4         26.5         6.1         6.2         2.1         2.2         2.3         4.1         4.2         4.3	E-M E-M N N-M N-M N-M N-M N-M N-M	Coeur d'Alene, ID Coeur d'Alene, ID Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA
	KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT3 KXLY KXLY-DT2 KXLY-DT3 KXLY-DT4	26.4         26.5         6.1         6.2         2.1         2.2         2.3         4.1         4.2         4.3         4.4	E-M E-M N N-M N-M N-M N-M N-M N-M N-M	Coeur d'Alene, ID Coeur d'Alene, ID Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA
	KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT3 KXLY KXLY-DT3 KXLY-DT4 KXLY-DT5	26.4         26.5         6.1         6.2         2.1         2.2         2.3         4.1         4.2         4.3         4.4         4.5	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M	Coeur d'Alene, ID Coeur d'Alene, ID Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA
	KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT3 KXLY KXLY-DT3 KXLY-DT3 KXLY-DT4 KXLY-DT5 KSPS	26.4         26.5         6.1         6.2         2.1         2.2         2.3         4.1         4.2         4.3         4.4         4.5         7.1	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M E	Coeur d'Alene, ID Coeur d'Alene, ID Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA
	KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT3 KXLY KXLY-DT3 KXLY-DT4 KXLY-DT5 KSPS KSPS-DT2	26.4         26.5         6.1         6.2         2.1         2.2         2.3         4.1         4.2         4.3         4.4         4.5         7.1         7.2	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M E E	Coeur d'Alene, ID Coeur d'Alene, ID Spokane, WA Spokane, WA
	KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT3 KXLY KXLY-DT3 KXLY-DT3 KXLY-DT4 KXLY-DT4 KXLY-DT5 KSPS KSPS-DT2 KSPS-DT3	26.4         26.5         6.1         6.2         2.1         2.2         2.3         4.1         4.2         4.3         4.4         4.5         7.1         7.2         7.3	E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M E E E-M E-M	Coeur d'Alene, ID Coeur d'Alene, ID Spokane, WA Spokane, WA

unting Period:	2021/01			10	RM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CAR	BLE SYSTEM:			SYSTEM
	Potlatch Telephone Com	ipany			
	PRIMARY TRANSMITTERS: TEL	LEVISION			
_	In General: In space G, identify	veverv television station (including t	translator stations and low power telev	vision stations)	
G		, , , ,	(1) stations carried only on a part-time	,	
		<b>o</b>	e carriage of certain network program		
Primary	76.59(d)(2) and (4), 76.61(e)(2)	and (4), or 76.63 (referring to 76.61	1(e)(2) and (4))]; and (2) certain statio	ns carried on a	
ransmitters:	substitute program basis, as exp				
Television			arried by your cable system on a subst	itute program	
	<ul> <li>basis under specific FCC rules,</li> <li>Do not list the station here in s</li> </ul>		ne Special Statement and Program Loo	n) if the	
	station was carried only on a su			y)—II uie	
	,		both on a substitute basis and also o	n some other	
		• •	see page (v) of the general instruction		
			rogram services such as HBO, ESPN		
		0	-air designation. For example, report	multistream	
	"WETA-2" as the same on the fo				
		Ũ	vision station for broadcasting over the	e air in its community	
		is channel 4 in Washington, D.C.	tation on independent station or a n		
			station, an independent station, or a no for network multicast) "I" (for indepen		
			for network multicast), "I" (for independent of the second s		
	(for indopendent multicast) "F"	(for noncommercial educational) o		al municaso	
	(for independent multicast), "E"				
	For the meaning of these terms,	, see page (iv) of the general instruc		,	
	For the meaning of these terms, <b>Column 4:</b> Give the location of	, see page (iv) of the general instruction each station. For U.S. stations, list	ctions in the paper SA1-2 form.	licensed by the	
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruction each station. For U.S. stations, list	ctions in the paper SA1-2 form. the community to which the station is	licensed by the	TATION
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	TATION
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	TATION
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	TATION
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	TATION
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	TATION
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	TATION
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	TATION
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	TATION
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	TATION
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	TATION
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	TATION
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	TATION
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	
	For the meaning of these terms, <b>Column 4:</b> Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	
	For the meaning of these terms, Column 4: Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	
	For the meaning of these terms, Column 4: Give the location of FCC. For Mexican or Canadian	, see page (iv) of the general instruct each station. For U.S. stations, list stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	ctions in the paper SA1-2 form. the community to which the station is ne community with which the station is	licensed by the identified.	

eriod: 2021/		VOTEM				FORM	0.00
							SYSTEM I
		•				ied on an	Н
it is carried by monitoring, to l prmation about m. lentify the call tate whether th	the sys be recein the Co sign of e he statio	tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM.	the system's hea ystem's FM ante nis point, see pag	adend, and (2) nna, during ce je (v) of the ge	) it can b ertain sta eneral in	e expected, ted intervals. structions in the.	Primary Transmitters Radio
this by placing ive the station	a check n's locati	c mark in the "S/D" column. on (the community to which the	e station is licens	ed by the FC0			
AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	0/2		0,122 01011	7 411 01 1 111	0,0		
	OWNER OF ( ephone Co ephone Co NSMITTERS: every radio s /hose signals of ti is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stati this by placing sive the station	NSMITTERS: RADIO every radio station ca hose signals were get tions Concerning Al it is carried by the sys monitoring, to be recei- ormation about the Co m. lentify the call sign of a tate whether the statio the radio station's sign this by placing a check ive the station's locati adian stations, if any,	OWNER OF CABLE SYSTEM:     ephone Company      NSMITTERS: RADIO     every radio station carried on a separate and discre     /hose signals were generally receivable by your cable     stions Concerning All-Band FM Carriage: Under C     it is carried by the system whenever it is received at     monitoring, to be received at the headend, with the sy     prmation about the Copyright Office regulations on th     m. lentify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processe this by placing a check mark in the "S/D" column. ive the station's location (the community to which the     adian stations, if any, the community with which the sy	OWNER OF CABLE SYSTEM:     ephone Company      NSMITTERS: RADIO     i every radio station carried on a separate and discrete basis and list     whose signals were generally receivable by your cable system during t     trions Concerning All-Band FM Carriage: Under Copyright Office re     it is carried by the system whenever it is received at the system's hea     monitoring, to be received at the headend, with the system's FM ante     ormation about the Copyright Office regulations on this point, see pag     m.     lentify the call sign of each station carried.     tate whether the station is AM or FM.     the radio station's signal was electronically processed by the cable sy     this by placing a check mark in the "S/D" column.     ive the station's location (the community to which the station is licens     adian stations, if any, the community with which the station is identified	OWNER OF CABLE SYSTEM:     ephone Company      NSMITTERS: RADIO     i every radio station carried on a separate and discrete basis and list those FM stati     /hose signals were generally receivable by your cable system during the accounting     stions Concerning All-Band FM Carriage: Under Copyright Office regulations, an     it is carried by the system whenever it is received at the system's headend, and (2)     monitoring, to be received at the headend, with the system's FM antenna, during ce     prmation about the Copyright Office regulations on this point, see page (v) of the ge     m. lentify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable system as a se     this by placing a check mark in the "S/D" column. ive the station's location (the community to which the station is licensed by the FCC     adian stations, if any, the community with which the station is identified).	OWNER OF CABLE SYSTEM:     ephone Company      NSMITTERS: RADIO     i every radio station carried on a separate and discrete basis and list those FM stations carr     /hose signals were generally receivable by your cable system during the accounting period.     etions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM sigr     it is carried by the system whenever it is received at the system's headend, and (2) it can b     monitoring, to be received at the headend, with the system's FM antenna, during certain sta     ormation about the Copyright Office regulations on this point, see page (v) of the general in     m.     lentify the call sign of each station carried.     tate whether the station is AM or FM.     the radio station's signal was electronically processed by the cable system as a separate a     this by placing a check mark in the "S/D" column.     ive the station's location (the community to which the station is licensed by the FCC or, in ti     adian stations, if any, the community with which the station is identified).	FOWNER OF CABLE SYSTEM:  ephone Company  NSMITTERS: RADIO  t every radio station carried on a separate and discrete basis and list those FM stations carried on an whose signals were generally receivable by your cable system during the accounting period.  tetions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.  rmation about the Copyright Office regulations on this point, see page (v) of the general instructions in the.  m. lentify the call sign of each station carried. tate whether the station is AM or FM. the radio station's signal was electronically processed by the cable system as a separate and discrete this by placing a check mark in the "S/D" column.  ive the station's location (the community to which the station is licensed by the FCC or, in the case of adian stations, if any, the community with which the station is identified).

Accounting Perio	d: 2021/01					FOR	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	Potlatch Telephone Co	ompany					
l Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	fy every non	network televis eriod, under spe	<i>ion program,</i> broadcast by cific present and former F(	a <i>distant</i> stat CC rules, regu	lations, or authorizations	. For a further
Substitute		-			e general mat		1-2 101111.
Carriage: Special	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE			
Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	sis, any nonn	etwork television progra	
Program Log	broadcast by a distant stat	ion?				YES	× NO
	Note: If your answer is "No	loovo tho	roct of this nas	o blank. If your answer is	"Voc " vou m	_	
		, leave life	rest of this pag	e blank. Il your answer is	res, you n	iust complete the progra	ann
	log in block 2.						
	2. LOG OF SUBSTITUTE		-	4- Kara     -			-
	In General: List each subst				wherever po	ssible, if their meaning	IS
	clear. If you need more spa Column 1: Give the title				program") th	at during the accountin	na
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor						
	"NBA Basketball: 76ers vs.	Bulls."					
	Column 2: If the program						
	Column 3: Give the call						
	Column 4: Give the broat the case of Mexican or Can		•	2			1
	Column 5: Give the mor						onth
	first. Example: for May 7 giv		when your sys		program. Os		Jinn
	Column 6: State the time		substitute pro	aram was carried by vour	cable svsten	n. List the times accurat	elv
	to the nearest five minutes.		•				,
	stated as "6:00–6:30 p.m."	•				•	
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for progr	amming that	your system was requir	ed
	to delete under FCC rules a						gram
	was substituted for program	• •	our system wa	s permitted to delete und	er FCC rules	and regulations in	
	effect on October 19, 1976.						
						EN SUBSTITUTE	
	S	UBSTITUT	E PROGRAM			RIAGE OCCURRED	7. REASON FOR
		2. LIVE?					DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO	
	N/A						
					-		
					-		
						_	
					-	+	
					-		
					-		
						_	
						_	
					-		
						_	
					-		
					-		
						_	
					-		
					-		

Accounting Period:	2021/01	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
Name	Potlatch Telephone Company		
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this ar page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service nount, see	<b>,444.52</b> ss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	is 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	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)	
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2021/01	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Potlatch Telephone Company	SYSTEM ID#
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels         on which the cable system carried television broadcast stations         and nonbroadcast services	21 151
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Stephanie Weber Telephone	(608) 664-4721
	Address       525 Junction Rd (Number, street, rural route, apartment, or suite number)         Madison, WI 53593 (City, town, state, zip)         Email       Finance@tdstelecom.com    Fax (optional	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> </ul>	ystem as identified
	X       /s/ Sharon V. Tisdale         Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       Sharon V. Tisdale	
	Title: Assistant Treasurer (Title of official position held in corporation or partnership)	
	Date: August 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 fling, a determination that would be made by a court of law.

ounting Period: 2021/01	FORM SA1-2E. PA
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
latch Telephone Company	
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 su scribers 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.	b- Special Stateme Concerning Gro Receipts Exclusi
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmission made by satellite carriers to satellite dish owners?	s
YES. Enter the total here and list the satellite carrier(s) below.	
Name Name Mailing Address	
<b>INTEREST ASSESSMENT</b> 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.	<sup>it.</sup> <b>Q</b>
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment	Q
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
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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.