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 by email to:

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
2/26/2024	\$ ALLOCATION NUMBER

coplicsoa@copyright.gov

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20232 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Bonduel Telephone, LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Road
		(Kunber, steet, full foure, apartment, of suite humber) 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		IDENTIFICATION OF CABLE SYSTEM:
	1	TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notice	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

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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Bonduel Telephone, LLC	6390
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 known as the "first community." Please use it as the first community on all futu	munity" is the same as a "community unit" as defined in FCC rules ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter are filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Bonduel	
Add Rows as Necessary		

	FORM SA1-2							
Name	LEGAL NAME OF OWNER OF C	CABLE SYSTEM:					SYS	
	Bonduel Telephone, LL	С						6390
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service							
Ε								
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give about other services (including pay cable) in space F, not here. All the facts you state must be those exis							
Fransmission	last day of the accounting period			-			sting on the	
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E call for the num	ber of subs	cribers to the ca	•		
scribers and	down by categories of secondar	•	•	•	•			
Rates	each category by counting the r separately for the particular serv					-	s cnarged	
	Rate: Give the standard rate of						rge and the	
	unit in which it is generally billed			•	rd rate variation	s within a	particular rate	
	category, but do not include disc				ondon tronomi		ice that cable	
	Block 1: In the left-hand block systems most commonly provid							
	that applies to your system. Not							
	categories, that person or entity				•••	•		
	subscriber who pays extra for ca				d in the count ur	nder "Serv	ice to the	
	first set" and would be counted a Block 2: If your cable system	•		• • •	service that are	e different	from those	
	printed in block 1 (for example,	-						
	with the number of subscribers				•		•	
	sufficient.			11			()	
	BL	OCK 1 NO. OF				BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS RATE	CATE	GORY OF SEF	VICE	SUBSCRIBERS	RAT
	Residential:							
	Service to first set		58 \$25/mo					
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter Residential		58 \$6/Mo.					
	Non-residential		50 \$6/WO.					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RAT	ES				
F	In General: Space F calls for ra	•		•	• •			
	not covered in space E, that is,		that are not offered	n combinati		ondary tra		
	I sanvica for a single tea. I here a	re two excentio	ns: vou do not need		•	cerning (
Services	service for a single fee. There a furnished at cost or (2) services		-	to give rate	information cor			
Services Other Than	furnished at cost or (2) services amount of the charge and the u	or facilities fur	nished to nonsubscri	to give rate bers. Rate i	information cor	Id include	both the	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the	or facilities fur nit in which it is rate column.	nished to nonsubscri usually billed. If any	to give rate bers. Rate i rates are c	information cor nformation shou narged on a var	ild include able per-p	both the brogram basis,	
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1: Give the standard ra	or facilities fur nit in which it is rate column. te charged by t	nished to nonsubscri usually billed. If any the cable system for	to give rate bers. Rate i rates are c each of the	information con nformation shou narged on a var applicable servi	lld include able per-p ces listed	both the program basis,	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the	or facilities fur nit in which it is rate column. te charged by t t your cable sy	nished to nonsubscri usually billed. If any the cable system for stem furnished or off	to give rate bers. Rate i rates are c each of the ered during	information con nformation shou narged on a var applicable servi the accounting	Id include able per-p ces listed period tha	both the program basis, t were not	
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that	or facilities fur nit in which it is rate column. te charged by t t your cable sy separate charg	nished to nonsubscri usually billed. If any the cable system for stem furnished or off ge was made or esta	to give rate bers. Rate i rates are c each of the ered during	information con nformation shou narged on a var applicable servi the accounting	Id include able per-p ces listed period tha	both the program basis, t were not	
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a	or facilities fur nit in which it is rate column. te charged by t t your cable sy separate charg ption and includ	nished to nonsubscri usually billed. If any the cable system for stem furnished or off ge was made or esta de the rate for each.	to give rate bers. Rate i rates are c each of the ered during	information con nformation shou narged on a var applicable servi the accounting	Id include able per-p ces listed period tha	both the program basis, it were not he form of a	
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a	or facilities fur nit in which it is rate column. te charged by t t your cable sy separate charg ption and includ BLOC	nished to nonsubscri usually billed. If any the cable system for stem furnished or off ge was made or esta de the rate for each.	to give rate bers. Rate i rates are c each of the ered during blished. List	information con nformation shou narged on a var applicable servi the accounting	Id include able per-p ces listed period tha vices in th	both the program basis, t were not	RAT
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	or facilities fur nit in which it is rate column. te charged by t t your cable sy separate charg ption and includ BLOC RATE	nished to nonsubscri usually billed. If any the cable system for stem furnished or off ge was made or esta de the rate for each.	to give rate bers. Rate i rates are c each of the ered during blished. List	information con nformation shoun narged on a var applicable servit the accounting these other ser	Id include able per-p ces listed period tha vices in th	both the program basis, it were not he form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descri	or facilities fur nit in which it is rate column. te charged by t t your cable sy separate charg ption and includ BLOC RATE	nished to nonsubscri usually billed. If any the cable system for stem furnished or off ge was made or esta de the rate for each. CK 1 CATEGORY OF SE	to give rate bers. Rate i rates are c each of the ered during blished. List	information con nformation shoun narged on a var applicable servit the accounting these other ser	Id include able per-p ces listed period tha vices in th	both the program basis, it were not he form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services :	or facilities fur nit in which it is rate column. te charged by t t your cable sy separate charg ption and includ BLOC RATE	nished to nonsubscri usually billed. If any the cable system for stem furnished or off ge was made or esta de the rate for each. CK 1 CATEGORY OF SE Installation: Non-re	to give rate bers. Rate i rates are c each of the ered during blished. List	information con nformation shoun narged on a var applicable servit the accounting these other ser	Id include able per-p ces listed period tha vices in th	both the program basis, it were not he form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services : • Pay cable	or facilities fur nit in which it is rate column. te charged by t t your cable sy separate charg ption and includ BLOC RATE	nished to nonsubscri usually billed. If any the cable system for stem furnished or off ge was made or esta de the rate for each. CK 1 CATEGORY OF SE Installation: Non-re • Motel, hotel	to give rate bers. Rate i rates are c each of the ered during blished. List	information con nformation shoun narged on a var applicable servithe accounting these other ser	Id include able per-p ces listed period tha vices in th	both the program basis, it were not he form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	or facilities fur nit in which it is rate column. te charged by t t your cable sy separate charg ption and includ BLOC RATE	nished to nonsubscri usually billed. If any the cable system for stem furnished or off ge was made or esta de the rate for each. CK 1 CATEGORY OF SE Installation: Non-re • Motel, hotel • Commercial	to give rate bers. Rate i rates are c each of the ered during blished. List RVICE	information con nformation shoun narged on a var applicable servithe accounting these other ser	Id include able per-p ces listed period tha vices in th	both the program basis, it were not he form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services : • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	or facilities fur nit in which it is rate column. te charged by t t your cable sy separate charge ption and includ BLOC RATE \$8.00-\$15.00	nished to nonsubscri usually billed. If any the cable system for stem furnished or off ge was made or estande the rate for each. CK 1 CATEGORY OF SE Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection	to give rate bers. Rate i rates are c each of the ered during blished. List RVICE sidential	information con nformation shoun narged on a var applicable servithe accounting these other ser	Id include able per-p ces listed period tha vices in th	both the program basis, it were not he form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	or facilities fur nit in which it is rate column. te charged by t t your cable sy separate charg ption and includ BLOC RATE \$8.00-\$15.00 \$0-\$50.00	nished to nonsubscri usually billed. If any the cable system for stem furnished or off ge was made or estand the rate for each. CK 1 CATEGORY OF SE Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection • Burglar protection	to give rate bers. Rate i rates are c each of the ered during blished. List RVICE sidential	information con nformation shoun narged on a var applicable servithe accounting these other ser	Id include able per-p ces listed period tha vices in th	both the program basis, it were not he form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	or facilities fur nit in which it is rate column. te charged by t t your cable sy separate charg ption and includ BLOC RATE \$8.00-\$15.00 \$0-\$50.00	nished to nonsubscri usually billed. If any the cable system for stem furnished or off ge was made or estander the rate for each. CK 1 CATEGORY OF SE Installation: Non-ref • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Other services:	to give rate bers. Rate i rates are c each of the ered during blished. List RVICE sidential	information con nformation shoun narged on a var applicable servit the accounting these other ser RATE \$0 - \$50.00	Id include able per-p ces listed period tha vices in th	both the program basis, it were not he form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	or facilities fur nit in which it is rate column. te charged by t t your cable sy separate charg ption and includ BLOC RATE \$8.00-\$15.00 \$0-\$50.00	nished to nonsubscri usually billed. If any the cable system for stem furnished or off ge was made or estand the rate for each. CK 1 CATEGORY OF SE Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l • Fire protection • Burglar protection • Burglar protection	to give rate bers. Rate i rates are c each of the ered during blished. List RVICE sidential	information con nformation shoun narged on a var applicable servithe accounting these other ser	Id include able per-p ces listed period tha vices in th	both the program basis, it were not he form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	or facilities fur nit in which it is rate column. te charged by t t your cable sy separate charg ption and includ BLOC RATE \$8.00-\$15.00 \$0-\$50.00	nished to nonsubscri usually billed. If any the cable system for stem furnished or off ge was made or estand the rate for each. CK 1 CATEGORY OF SE Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection • Burglar protection • Burglar protection • Reconnect • Disconnect	to give rate bers. Rate i rates are c each of the ered during blished. List RVICE sidential	information con nformation shoun narged on a var applicable servit the accounting these other ser RATE \$0 - \$50.00 \$0-\$25.00	Id include able per-p ces listed period tha vices in th	both the program basis, it were not he form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	or facilities fur nit in which it is rate column. te charged by t t your cable sy separate charg ption and includ BLOC RATE \$8.00-\$15.00 \$0-\$50.00	nished to nonsubscri usually billed. If any the cable system for stem furnished or off ge was made or estand the rate for each. CK 1 CATEGORY OF SE Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l • Fire protection • Burglar protection • Burglar protection	to give rate bers. Rate i rates are c each of the ered during blished. List RVICE sidential	information con nformation shoun narged on a var applicable servit the accounting these other ser RATE \$0 - \$50.00	Id include able per-p ces listed period tha vices in th	both the program basis, it were not he form of a BLOCK 2	RA1

	LEGAL NAME OF OWNER C	DF CABLE SYSTEM:			SYSTEM			
Name	Bonduel Telephone,				63			
	PRIMARY TRANSMITTERS:							
G	In General: In space G, ic carried by your cable syster FCC rules and regulations	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a						
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station	(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations c	61(e)(2) and (4))]; and (2) certain s	tations carried on a				
	• Do not list the station he station was carried only o	rules, regulations, or authorizations: ere in space G—but do list it in space I (t on a substitute basis. d also in space I, if the station was carrie	-					
	basis. For further informat Column 1: List each statio	tion concerning substitute basis stations on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	s, see page (v) of the general instru program services such as HBO, ES	uctions. SPN, etc. Identify each				
	"WETA-2" as the same on Column 2: Give the chann of license. For example, V	n the form. nel number the FCC assigned to the tele WRC is channel 4 in Washington, D.C.	evision station for broadcasting over	er the air in its community				
	Column 3: Indicate in eac educational station, by ent (for independent multicast	ch case whether the station is a network tering the letter "N" (for network), "N-M" t), "E" (for noncommercial educational), o	(for network multicast), "I" (for inde or "E-M" (for noncommercial educa	ependent), "I-M"				
	Column 4: Give the locati	terms, see page (iv) of the general instru- ion of each station. For U.S. stations, lis- adian stations, if any, give the name of t	st the community to which the static	•				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION	OF STATION			
	WBAY	2.1	N	Green Bay, WI				
	WBAY-DT2	2.2	N-M	Green Bay, WI				
Rows as Necessary	WBAY-DT3	2.3	N-M	Green Bay, WI				
	WBAY-DT4	2.4	N-M	Green Bay, WI				
	WBAY-DT5	2.5	N-M	Green Bay, WI				
	WBAY-DT6	2.6	N-M	Green Bay, WI				
	WLUK	11.1	Ν	Green Bay, WI				
	WLUK-DT2	11.2	N-M	Green Bay, WI				
	WLUK-DT3	11.3	N-M	Green Bay, WI				
	WCWF	14.1		Green Bay, WI				
	WCWF-DT2	14.2	I-M	Green Bay, WI				
	WCWF-DT2 WCWF-DT3	14.2 14.3	I-M	Green Bay, WI Green Bay, WI				
	WCWF-DT3	14.3	I-M	Green Bay, WI				
	WCWF-DT3 WCWF-DT4	14.3 14.4	I-M I-M	Green Bay, WI Green Bay, WI				
	WCWF-DT3 WCWF-DT4 WCWF-DT5	14.3 14.4 14.5	I-M I-M	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI				
	WCWF-DT3 WCWF-DT4 WCWF-DT5 WACY	14.3 14.4 14.5 32.1	I-M I-M I-M	Green Bay, WI Green Bay, WI Green Bay, WI				
	WCWF-DT3 WCWF-DT4 WCWF-DT5 WACY WACY-DT2	14.3 14.4 14.5 32.1 32.2	I-M I-M I-M I I	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI				
	WCWF-DT3 WCWF-DT4 WCWF-DT5 WACY WACY-DT2 WACY-DT3	14.3 14.4 14.5 32.1 32.2 32.3	I-M I-M I-M 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				
	WCWF-DT3 WCWF-DT4 WCWF-DT5 WACY WACY-DT2 WACY-DT3 WACY-DT4 WACY-DT5	14.3 14.4 14.5 32.1 32.2 32.3 32.3 32.4 32.5	I-M I-M I-M I I-M I-M I-M I-M	Green Bay, WI Green Bay, WI				
	WCWF-DT3 WCWF-DT4 WCWF-DT5 WACY WACY-DT2 WACY-DT3 WACY-DT4 WACY-DT5 WACY-DT6	14.3 14.4 14.5 32.1 32.2 32.3 32.3 32.4 32.5 32.6	I-M I-M I-M I-M I-M I-M I-M I-M I-M	Green Bay, WI Green Bay, WI				
	WCWF-DT3 WCWF-DT4 WCWF-DT5 WACY WACY-DT2 WACY-DT3 WACY-DT4 WACY-DT5 WACY-DT6 WFRV	14.3 14.4 14.5 32.1 32.2 32.3 32.4 32.5 32.6 5.1	I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	Green Bay, WI Green Bay, WI				
	WCWF-DT3 WCWF-DT4 WCWF-DT5 WACY WACY-DT2 WACY-DT3 WACY-DT4 WACY-DT5 WACY-DT6	14.3 14.4 14.5 32.1 32.2 32.3 32.3 32.4 32.5 32.6	I-M I-M I-M I-M I-M I-M I-M I-M I-M	Green Bay, WI Green Bay, WI				

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	Bonduel Telephone, L			63			
	PRIMARY TRANSMITTERS:						
-		entify every television station (including	translator stations and low power	television stations)			
G	carried by your cable system	m during the accounting period, except	t (1) stations carried only on a part	t-time basis under			
- •	-	n effect on June 24, 1981, permitting the		-			
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	31(e)(2) and (4))]; and (2) certain si	tations carried on a			
Television	Substitute Basis Stations:	: With respect to any distant stations ca	arried by your cable system on a s	substitute program			
		ıles, regulations, or authorizations: e in space G—but do list it in space I (t	the Created Statement and Program				
	• Do not list the station here station was carried only on		.ne Special Statement and Frogram	n Log)—ii ine			
	• List the station here, and a	also in space I, if the station was carrie					
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p					
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	-	-			
	"WETA-2" as the same on t	the form.					
		el number the FCC assigned to the tele	evision station for broadcasting over	er the air in its community			
		RC is channel 4 in Washington, D.C. case whether the station is a network	station. an independent station, or	a noncommercial			
	educational station, by enter	ring the letter "N" (for network), "N-M" ((for network multicast), "I" (for inde	ependent), "I-M"			
	(for independent multicast),	"E" (for noncommercial educational), o	or "E-M" (for noncommercial educa	. ,			
	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						
	Column 4: Give the location		t the community to which the statio	•			
	Column 4: Give the location	n of each station. For U.S. stations, list	t the community to which the statio	•			
	Column 4: Give the location FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of t	t the community to which the statio the community with which the static	on is identified.			
	Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN	n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	t the community to which the statio the community with which the static 3. TYPE OF STATION	A. LOCATION OF STATION			
	Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN WGBA	n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 26.1	t the community to which the statio the community with which the static 3. TYPE OF STATION N	4. LOCATION OF STATION Green Bay, WI			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WGBA WGBA-DT2	n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 26.1 26.2	t the community to which the statio the community with which the static 3. TYPE OF STATION N N-M	A. LOCATION OF STATION Green Bay, WI Green Bay, WI			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WGBA WGBA-DT2 WGBA-DT3	n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 26.1 26.2 26.3	t the community to which the statio the community with which the static 3. TYPE OF STATION N N-M N-M	A. LOCATION OF STATION Green Bay, WI Green Bay, WI Green Bay, WI			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WGBA WGBA-DT2 WGBA-DT3 WGBA-DT4	n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 26.1 26.2 26.3 26.4	t the community to which the statio the community with which the static 3. TYPE OF STATION N-M N-M N-M	A. LOCATION OF STATION Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WGBA WGBA-DT2 WGBA-DT3 WGBA-DT4 WPNE	n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 26.1 26.2 26.3 26.4 38.1	t the community to which the statio the community with which the static 3. TYPE OF STATION N-M N-M E	A. LOCATION OF STATION Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WGBA WGBA-DT2 WGBA-DT3 WGBA-DT4 WPNE WPNE-DT2	n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 26.1 26.2 26.3 26.4 38.1 38.2	t the community to which the statio the community with which the static 3. TYPE OF STATION N-M N-M E E E-M	A. LOCATION OF STATION Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WGBA WGBA-DT2 WGBA-DT2 WGBA-DT3 WGBA-DT4 WPNE WPNE-DT2 WPNE-DT2	n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 26.1 26.2 26.3 26.4 38.1 38.2 38.3	t the community to which the statio the community with which the static 3. TYPE OF STATION N-M N-M E E E-M E-M	A. LOCATION OF STATION 4. LOCATION OF STATION Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WGBA WGBA-DT2 WGBA-DT2 WGBA-DT3 WGBA-DT4 WPNE WPNE-DT2 WPNE-DT2	n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 26.1 26.2 26.3 26.4 38.1 38.2 38.3	t the community to which the statio the community with which the static 3. TYPE OF STATION N-M N-M E E E-M E-M	A. LOCATION OF STATION 4. LOCATION OF STATION Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WGBA WGBA-DT2 WGBA-DT2 WGBA-DT3 WGBA-DT4 WPNE WPNE-DT2 WPNE-DT2	n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 26.1 26.2 26.3 26.4 38.1 38.2 38.3	t the community to which the statio the community with which the static 3. TYPE OF STATION N-M N-M E E E-M E-M	A. LOCATION OF STATION 4. LOCATION OF STATION Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WGBA WGBA-DT2 WGBA-DT2 WGBA-DT3 WGBA-DT4 WPNE WPNE-DT2 WPNE-DT2	n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 26.1 26.2 26.3 26.4 38.1 38.2 38.3	t the community to which the statio the community with which the static 3. TYPE OF STATION N-M N-M E E E-M E-M	A. LOCATION OF STATION 4. LOCATION OF STATION Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI			
	Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN WGBA WGBA-DT2 WGBA-DT2 WGBA-DT3 WGBA-DT4 WPNE WPNE-DT2 WPNE-DT2	n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 26.1 26.2 26.3 26.4 38.1 38.2 38.3	t the community to which the statio the community with which the static 3. TYPE OF STATION N-M N-M E E E-M E-M	A. LOCATION OF STATION 4. LOCATION OF STATION Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI			
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EGAL NAME O								SYSTEM 639
	t every radio s	station c) carried on a separate and disc enerally receivable by your ca					н
Teceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call state whether the radio stat this by placing Give the station	y the sy be rece it the C I sign of the stati tion's sig g a chec n's locat	All-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on a each station carried. tion is AM or FM. gnal was electronically proces ok mark in the "S/D" column. tion (the community to which the the community with which the	at the system's system's FM and this point, see p used by the cable the station is lice	headend, and ntenna, during page (v) of the e system as a ensed by the F	(2) it can certain general separate	n be expected, stated intervals. instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	, 01 1 101	0,0			, 01 / 101	0,0		
N/A								
								
								
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	od: 2023/02						FOR		
Name	LEGAL NAME OF OWNER OF Bonduel Telephone, L		IEM:					SYSTEM ID: 6390(
	SUBSTITUTE CARRIAGE				<u> </u>				
1	SUBSTITUTE CARRIAGE	L. SPECIA		IT AND PROGRAM LOC					
•	In General: In space I, ident substitute basis during the a	accounting pe	eriod, under sp	ecific present and former F	CC rules, regu	lations, or a	uthorization	is. For a further	
Substitute	explanation of the programm	-			ne general inst	ructions in t	ne paper SA	A1-2 form.	
Carriage: Special	 SPECIAL STATEMEN During the accounting pe 				sis any nonn	otwork tolo	vision progr	om	
Statement and	broadcast by a distant sta	-	I Cable System	i carry, on a substitute ba	515, any nonin				
Program Log	Note: If your answer is "No		rest of this pa	ge blank. If vour answer is	s "Yes." vou m	L ust comple	YES te the prog	× NO	
	log in block 2.	,		5	, ,	I	1 3		
	2. LOG OF SUBSTITUTI		-	te line. I lee ekknewistise		asible if the			
	In General: List each subs clear. If you need more spa				s wherever po	ssidle, il the	eir meaning	j is	
	Column 1: Give the title	of every no	nnetwork telev	vision program ("substitute	,	-		•	
	period, was broadcast by a under certain FCC rules, re								
	Do not use general catego	ries like "mo							
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, ente	er "Yes." Otherwise enter '	'No."				
	Column 3: Give the call	sign of the	station broadca	asting the substitute prog	am.				
	the case of Mexican or Car			ne community to which th community with which the			e FCC or,	IN	
	Column 5: Give the more	nth and day	•	stem carried the substitute		,	, with the n	nonth	
	first. Example: for May 7 gi		e substitute pro	ogram was carried by you	r cahle systen	n. List the ti	mes accura	ately	
	to the nearest five minutes								
	stated as "6:00–6:30 p.m."		listed program	was substituted for pred	ramming that	vour system	was requ	ired	
	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program								
	to delete under FCC rules	and regulati			•		e listed pro		
	was substituted for prograr	nming that y	ons in effect d	uring the accounting perio	d; enter the le	etter "P" if th			
		mming that y	ons in effect d	uring the accounting perio	d; enter the le	etter "P" if th			
	was substituted for programe ffect on October 19, 1976	mming that y	ons in effect di your system wa	uring the accounting periods as permitted to delete und	d; enter the le ler FCC rules	etter "P" if th and regulat	ions in		
	was substituted for programe ffect on October 19, 1976	SUBSTITUT	ons in effect du your system wa E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete und	WHE CARRI 5. MONTH	Etter "P" if th and regulat N SUBSTI AGE OCCI	IONS IN TUTE JRRED IMES	ogram	
	was substituted for programe ffect on October 19, 1976 1. TITLE OF PROGRAM	mming that y	ons in effect du your system wa	uring the accounting periods as permitted to delete und	d; enter the le ler FCC rules WHE CARRI	etter "P" if th and regulat N SUBSTI AGE OCCI	IONS IN TUTE JRRED IMES	ogram 7. REASON FC	
	was substituted for program effect on October 19, 1976 S	SUBSTITUT	ons in effect du your system wa E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete und	WHE CARRI 5. MONTH	Etter "P" if th and regulat N SUBSTI AGE OCCI	IONS IN TUTE JRRED IMES	ogram 7. REASON FO	
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	was substituted for programe ffect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT	ons in effect du your system wa E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete und	WHE CARRI 5. MONTH	Etter "P" if th and regulat N SUBSTI AGE OCCI	IONS IN TUTE JRRED IMES	ogram 7. REASON FO	
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	was substituted for programe ffect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT	ons in effect du your system wa E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete und	WHE CARRI 5. MONTH	Etter "P" if th and regulat N SUBSTI AGE OCCI	IONS IN TUTE JRRED IMES	7. REASON FC	
	was substituted for programe ffect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT	ons in effect du your system wa E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete und	WHE CARRI 5. MONTH	Etter "P" if th and regulat N SUBSTI AGE OCCI	IONS IN TUTE JRRED IMES	7. REASON FC	
	was substituted for programe ffect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT	ons in effect du your system wa E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete und	WHE CARRI 5. MONTH	Etter "P" if th and regulat N SUBSTI AGE OCCI	IONS IN TUTE JRRED IMES	7. REASON FC	
	was substituted for programe ffect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT	ons in effect du your system wa E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete und	WHE CARRI 5. MONTH	Etter "P" if th and regulat N SUBSTI AGE OCCI	IONS IN TUTE JRRED IMES	7. REASON FO	

Accounting Period:	2023/02	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Bonduel Telephone, LLC	SYSTEM ID# 63900
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	ismission service
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	o \$263,800
	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 accounting period is \$52.00	or this 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	7,100)
	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	
	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 \$52	27,600)
	1. Enter the amount of gross receipts from space K	_
	2. Base amount under statutory formula \$ 263,800.00	<u>)</u>
	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	
			0.00	
	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		···· <u>·</u>	
	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 #			
	Important: Your remittance must be in the form of an electronic payment payab See page i of the general instructions in the paper SA1-2 form and the Excel instr		• • • •	

Accounting Period:	2023/02		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C Bonduel Telep	DWNER OF CABLE SYSTEM: Dhone, LLC	SYSTEM ID# 63900
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of channels on which the cable system carried television broadcast sta s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations	32
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Mitchell Maier Telep	ohone (608) 886-8210
	Address 	525 Junction Rd (Number, street, rural route, apartment, or suite number) Madison, WI 53593 (City, town, state, zip) Finance@tdstelecom.com Fax (optional)	
O Certification	• I, the undersigne	(This statement of account must be certified and signed in accordance with Copyright Office regula ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of s	
		t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the line 1 of space B and that the owner is not a corporation or partnership; or	cable system as identified
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified line 1 of space B.	as owner of the cable system
		d the statement of account and hereby declare under penalty of law that all statements of fact contained te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	herein

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: February 12, 2024

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.

unting Period: 2023/02	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
iduel Telephone, LLC	6390
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpaymentx	Interest Assessme
x	Interest Assessme
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x	Interest Assessme
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x - x - x - x 0.00274** and enter here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme

numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.