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 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					
8/19/2024	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
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
		TCT WEST, Inc. And Tri County Telephone Association, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1601 S Park Dr (Number, street, rural route, apartment, or suite number)
		Cody, WY 82414 ((City, town, state, zip)
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
_	names	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: TCT WEST, Inc. And Tri County Telephone Association, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1601 S Park Dr (Number, street, rural route, apartment, or suite number)
	_	Cody, WY 82414 (City, town, state, zip code)

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TCT WEST, Inc. And Tri County Telephone Association, Inc.

61722

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Secondary Transmission Service: Subscribers and Rates **In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,634	42.00			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

CATEGORY OF SERVICE		BLOCK 2	
CATEGORT OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Installation: Non-residential			
Motel, hotel			
Commercial			
• Pay cable			
 Pay cable-add'l channel 			
Fire protection			
Burglar protection			
Other services:			
Reconnect			
Disconnect			
Outlet relocation			
Move to new address			
	Motel, hotel Commercial Pay cable Pay cable-add'l channel Fire protection Burglar protection Other services: Reconnect Disconnect Outlet relocation	• Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation	• Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation

Accounting Peri	od: 2024/1	FORM SA1-2E. PAGE 3.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TCT WEST, Inc. And Tri County Telephone Association, Inc.	61722

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

G

Primary Transmitters: Television **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, *except* (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 substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

II OALL OIGH	2: B GAGT GHARRIE ROMBER	C. THE OF STATION	4. LOCATION OF CTATION
KHMT	4	N	Billings, MT
KSVI	6	N	Billings, MT
KCWC	4	E	Billings, MT
KULR	8	N	Lander, WY
KCWY	13	N	Casper, WY
KTVQ	2	N	Billings, MT

	KHMT KSVI KCWC KULR KCWY KTVQ	KHMT 4 KSVI 6 KCWC 4 KULR 8 KCWY 13	KHMT 4 N KSVI 6 N KCWC 4 E KULR 8 N KCWY 13 N

3. TYPE OF STATION

Add Rows as Necessary

4. LOCATION OF STATION

Accounting Period: 2024/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TCT WEST, Inc. And Tri County Telephone Association, Inc.

61722

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Primary Transmitters: Radio

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
						,	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	TCT WEST, Inc. And T	ri County	/ Telephone	Association, Inc.				61722
	SUBSTITUTE CARRIAGI	: SPECIA	AL STATEME	NT AND PROGRAM I O	G			
		In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a						
•	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute	edistrible basis during the accounting period, under specific present and former PCC rules, regulations, or authorizations. Por a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:		. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE						
Special	During the accounting per				ocic ony nonn	otwork to	lovicion proc	rom
Statement and		•	ui cable syster	ir carry, orr a substitute ba	isis, arry riorii	ietwork te		· ·
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer i	s "Yes," you r	nust com	plete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGR/	AMS					
	In General: List each subs	titute progra	am on a separ	ate line. Use abbreviation	s wherever p	ossible, if	their meanir	ng is
	clear. If you need more spa							
		•		vision program ("substitut			-	_
	period, was broadcast by a under certain FCC rules, re		•	-	•	•	•	
	Do not use general categor	•						
	"NBA Basketball: 76ers vs.		ovide of back	otbaii. List specific progre	arri (11100, 101)	эхаттрго,	1 Love Lucy	
	Column 2: If the program	n was broa	dcast live, ent	er "Yes." Otherwise enter	"No."			
		•		asting the substitute prog				
			,	the community to which th			the FCC or	, in
	the case of Mexican or Car		•	community with which the substitute		,	ale with the	month
	first. Example: for May 7 gi	-	wileli your sy	stem camed the substitute	e program. Os	se numer	ais, with the	IIIOIIIII
			e substitute pr	ogram was carried by you	r cable syste	m. List the	e times accu	rately
	to the nearest five minutes.	Example:	a program carı	ried by a system from 6:0	1:15 p.m. to 6	3:28:30 p.i	m. should be	
	stated as "6:00-6:30 p.m."	"" " 15 11						
				n was substituted for prog				
	to delete under FCC rules a was substituted for prograr							rogram
	effect on October 19, 1976	•	your system w	as permitted to delete unit	dei i oo idies	and regu		
		•						
					WHE	N SUBS	TITUTE	
	S		E PROGRAM	1	07 11 11 11 10 2 0 0 0 0 1 11 12 B		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
		100 01 110	ONEE OF OTHER	1. 01/110110 200/11011	71112 2711	TITOW	10	
						- -		
							_	
							_	
			-					
							_	
							_	
<u>-</u>								

Accounting Period:	2024/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TCT WEST, Inc. And Tri County Telephone Association, Inc.	SYSTEM ID# 61722
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period	nission service amount, see \$ 411,768.00
	The order of the statement in space 1 concerning gross receipts.	(Amount of gross receipts)
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. 	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 t accounting period is \$52.00 Line 1. Royalty fee for accounting period	
	Line 1. Royalty fee for decedining period	
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	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,	,600)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
		1,479.68
	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	\$ 2,798.68
	FILING FEE AND TOTAL REMITTANCE DUE	
Eiling Faran		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,798.68
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	\$ 2,818.68
	EFT Trace # or TRANSACTION ID # tracking id: 27H06MPU	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

U.S. Copyright Office

Accounting Period:	2024/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: nc. And Tri County Telephone Association, Inc.	SYSTEM ID# 61722
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the c	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. It is all number of channels on which the cable and television broadcast stations. It is all number of activated channels cable system carried television broadcast stations dicast services.	173
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Paula T. Riley Telephone	307-568-2427
	Address	1601 S Park Dr (Number, street, rural route, apartment, or suite number)	
		Cody, WY 82414 (City, town, state, zip)	
	Email	paula.riley@tctstaff.com Fax (optional) 307-568-301	2
	CERTIFICATION	N (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersign	ned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I	3; or
		ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable so In line 1 of space B and that the owner is not a corporation or partnership; or	ystem as identified
		icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own n line 1 of space B.	ner of the cable system
		ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. etion 1001(1986)]	
		X /s/ Paula T. Riley	
		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: Paula T. Riley	
		Title: Controller (Title of official position held in corporation or partnership)	
		Date: 8/19/2024	

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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

counting Period: 2024/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CT WEST, Inc. And Tri County Telephone Association, Inc.	61722
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. Name Mailing Address Name Mailing Address	Special Statement Concerning Gross Receipts Exclusion
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	"

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First community served

Accounting period

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)