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
8/1/2024	\$
	ALLOCATION NUMBER

coplicsoa@loc.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20241 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
		Union Information Systems
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 96 (Number, street, rural route, apartment, or suite number)
		Plainfield, WI 54966 (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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Humo	Union Information Systems	633
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated	communities within unincorporated areas and including single
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	a list will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home parks should be reported in parentheses below the
Area Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	Almond	WI
Community		
Community	Buena Vista	WI
	Plainfield	WI
d Rows as Necessary	Almond Village	WI
	Oasis	WI
	Hancock	WI
	Coloma	WI
	Lanark	WI
	Pine Grove	WI
	Belmont	WI
	Richfield	WI
	Colburn	WI
	Grant	WI
	Leola	WI
	Coloma Village	WI
	Hancock Village	WI
	Richford	WI
	Plainfield Village	WI
	Deerfield	
	Rose	WI
	Newton	WI

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM IC
Name	Union Information Syste							515	6339
Е	SECONDARY TRANSMISSION					n transmission	oonvice of	the eable	
	In General: The information in s system, that is, the retransmissi	•		•					
Secondary	about other services (including p					•			
Transmission	last day of the accounting period	•			•	,	ble eveter	n haalaan	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•					•		
Rates	each category by counting the n					•			
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed	-						•	
	category, but do not include disc				-				
	Block 1: In the left-hand block	t in space E, th	ne form	lists the catego	ories of se	•			
	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	-			• • •				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a					•	,	-	
	sufficient.		eg						
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		620	54.95	Expand	led		302	88.9
	 Service to additional set(s) 		562	6.95	Basic			264	83.6
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SSIONS: RATE	S				
-	In General: Space F calls for ra	-			-	all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,					•	-		
Services	service for a single fee. There a furnished at cost or (2) services		•		-		• •	•	
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the	rate column.				-		-	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha								
Rates	listed in block 1 and for which a				-	-	-		
	brief (two- or three-word) descrip	•	-						
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATI
	Continuing Services:		Install	ation: Non-res	sidential				
	• Pay cable		• Mc	otel, hotel		25.00		ement Remote	25.0
	 Pay cable—add'l channel 		• Co	mmercial		25.00	Service		30.0
	Fire protection		4	y cable			Local S	Station Fee	13.0
	 Burglar protection 			y cable-add'l cl	hannel				
	Installation: Residential			e protection			Record	l Change	6.0
	• First set	25.00	1	rglar protectior	1				
	• Additional set(s)		4	services:					~ ~
	• FM radio (if separate rate)		1	connect		20.00		linment	9.9
	Converter		Dis Dis	sconnect			IND EQL	uipment	11.9
						0= 00			
				itlet relocation	r000	25.00			

unting Period: 2	2024/1			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID						
	Union Information System			6339						
	PRIMARY TRANSMITTERS:		· · · · · · · · ·							
G	carried by your cable syster FCC rules and regulations i	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a part he carriage of certain network prog	-time basis under rams [sections						
Primary nsmitters:		e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain st	ations carried on a						
elevision	Substitute Basis Stations	: With respect to any distant stations c	arried by your cable system on a s	ubstitute program						
		ules, regulations, or authorizations: e in space G—but do list it in space I (t	the Special Statement and Program	n Log)—if the						
	station was carried only on	• Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.								
		also in space I, if the station was carrie on concerning substitute basis stations,								
	Column 1: List each station	n's call sign. <i>Do not</i> report origination p	program services such as HBO, ES	SPN, etc. Identify each						
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the the form.	e-air designation. For example, rep	port multistream						
	Column 2: Give the channe	el number the FCC assigned to the tele	evision station for broadcasting ove	er the air in its community						
		/RC is channel 4 in Washington, D.C. n case whether the station is a network	station, an independent station, or	a noncommercial						
	educational station, by ente	ering the letter "N" (for network), "N-M" ((for network multicast), "I" (for inde	pendent), "I-M"						
		, "E" (for noncommercial educational), o erms, see page (iv) of the general instru	-	tional multicast).						
	Column 4: Give the locatio	on of each station. For U.S. stations, list	t the community to which the statio	-						
	FCC. For Mexican or Canad	dian stations, if any, give the name of t	he community with which the statio	n is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	WACY	32	Ν	GREEN BAY/APPLETON, WI						
	WACW	9.1	Ν	WAUSAU/RHINELANDER, WI						
Necessary	WACW	9.2	Ν	WAUSAU/RHINELANDER, WI						
	WACW	9.3	Ν	WAUSAU/RHINELANDER, WI						
	WBAY	2.1	Ν	GREEN BAY/APPLETON, WI						
	WBAY	2.2	Ν	GREEN BAY/APPLETON, WI						
	WFRV	5	Ν	GREEN BAY/APPLETON, WI						
	WGBA	26	Ν	GREEN BAY/APPLETON, WI						
	WHRM	20.1	Ν	WAUSAU/RHINELANDER, WI						
	WHRM	20.2	Ν	WAUSAU/RHINELANDER, WI						
	WHRM	20.3	Ν	WAUSAU/RHINELANDER, WI						
	WHRM	20.4	Ν	WAUSAU/RHINELANDER, WI						
	WIWB	14	I	GREEN BAY/APPLETON, WI						
	WLUK	11	Ν	GREEN BAY/APPLETON, WI						
	WSAW	7.1	Ν	WAUSAU/RHINELANDER, WI						
	WSAW	7.2	Ν	WAUSAU/RHINELANDER, WI						
	WSAW	7.3	Ν	WAUSAU/RHINELANDER, WI						
	WSAW	55	N	WAUSAU/RHINELANDER, WI						

LEGAL NAME O			TSTEM.					SYSTEM II 633
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
Teceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be rece at the Co sign of o the static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. fon (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can certain s general i eparate	be expected, tated 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	
			·····					
						·		
						·		

Accounting Perio	d: 2024/1					FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Union Information Sys	stems					63390
	SUBSTITUTE CARRIAGI	-: SPECIA			G		
	In General: In space I, ident					tion that your cable sys	tem carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	• • •		•		-	
Carriage:	1. SPECIAL STATEMEN	-			-		
Special	During the accounting per				sis anv nonn	network television prog	ram
Statement and	• • •	•		r carry, or a substitute ba	515, arry 110111		
Program Log	broadcast by a distant sta				<i></i>	YES	NO
	Note: If your answer is "No	o", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust complete the proc	jram
	log in block 2. 2. LOG OF SUBSTITUTI		MS				
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible if their meaning	a is
	clear. If you need more spa						g 10
		•		vision program ("substitute	e program") tl	hat, during the account	ing
	period, was broadcast by a						
	under certain FCC rules, re	•					
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Love Lucy"	or
			dcast live ente	er "Yes." Otherwise enter '	"No "		
				asting the substitute progr			
		•		he community to which th		censed by the FCC or,	in
	the case of Mexican or Car					,	
			when your sys	stem carried the substitute	e program. Us	se numerals, with the r	nonth
	first. Example: for May 7 gi						-4-1.
	to the nearest five minutes			ogram was carried by your			ately
	stated as "6:00–6:30 p.m."		a program can	ied by a system norm 0.01	i. io p.iii. to o	.20.00 p.m. should be	
		er "R" if the	listed progran	n was substituted for prog	ramming that	t your system was <i>requ</i>	iired
	to delete under FCC rules	and regulati	ons in effect d	uring the accounting perio	d; enter the l	etter "P" if the listed pro	ogram
	was substituted for program		/our system w	as permitted to delete und	ler FCC rules	and regulations in	
	effect on October 19, 1976						
					W/HE	N SUBSTITUTE	
	s	UBSTITUT	E PROGRAM			AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
			ON LEE OF OF				
					·		
					·		
					·		
						_	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
Name	Union Information Systems		6339
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's secondar (as identified in space E) during the accounting period. For a further explanation of how to compage (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.	ary transmission servi pute this amount, see	ce
	IMPORTANT: You must complete a statement in space P concerning gross receipts.		of gross receipts)
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or e Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	•	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you mus accounting period is \$52.00	st pay for this six-montl	ו
	Line 1. Royalty fee for accounting 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 th	an \$137,100)	
	1. Base amount under statutory formula \$ 263	,800.00	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	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 t	han \$527,600)	
	1. Enter the amount of gross receipts from space K	,297.00	
	2. Base amount under statutory formula \$ 263	,800.00	
	3. Subtract line 2 from line 1	,497.00	
	4. Multiply line 3 by .01	364.97	<u>, </u>
	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	\$	1,683.97
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,683.97	<u>,</u>
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	\$	1,703.97
	Important: Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form for more		rights!

Accounting Period:	2024/1		FORM SA1-2E. PAGE 7.
News	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Union Informat	tion Systems	63390
М	CHANNELS	ou must give (1) the number of channels on which the cable system carried television broadcast stations	
Channels	to its subscribers	s, and (2) the cable system's total number of activated channels during the accounting period.	
		number of channels on which the cable television broadcast stations	18
	2. Enter the total	number of activated channels	
	on which the ca	able system carried television broadcast stations	204
	and nonbroadc	ast services	
N		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
Individual to			
Be Contacted for Further Information	Name	Roxi Hacker Telephone	320-848-6641
	Address 	130 Birch Avenue West (Number, street, rural route, apartment, or suite number) Hector, MN 55342 (City, town, state, zip)	
	Email	roxih@interstatetelcom.com Fax (optional)	
0	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owne	r other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B; or
		of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable ine 1 of space B and that the owner is not a corporation or partnership; or	system as identified
		er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow ine 1 of space B.	ner of the cable system
		I the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	



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ounting Period: 2024/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ion Information Systems	6339
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? NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
	а и
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.	L Interest Assessmen
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	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	La Interest Assessment
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Landerest Assessmen

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