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

STATEME		FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:				
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	<u></u> <u>coplicsoa@copyright.gov</u>				
General instruc	<i>ms (Short Form)</i> ctions are located of this workbook	\$ 2/11/2025		For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150				
Α	ACCOUNTING PERIOD COVERED B	Y THIS STATEMENT: (YY	YY/(Period))					
	2024/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional	- see instructions)					
Accounting Period								
<b>B</b> Owner	the subsidiary, not that of the parent corpo List any other name or names under which	ration. the owner conducts the business of th ccounting period, only the owner on th	ne last day of the accounting period should sub					
	Check here if this is the system's first filing.			63389				
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM						
	LVT Corp							
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF C							
	127 US Highway 12							
	(Number, street, rural route, apartment, or suite nu Camp Douglas, WI 54618-5							
	(City, town, state, zip)		416 . 41					
С	<b>INSTRUCTIONS:</b> In line 1, give any busine names already appear in space B. In line 2							
System	IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite nu	imber)						
	(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 sufficiency of the fling, a determination that would be made by a court of law.

	1	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	LVT Corp	6338
	Instructions: List each separate community served by the cable system. A "community	
_	separate and distinct community or municipal entity (including unincorporated comm	
D		
_	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	e as a form of system identification hereafter known as the "fir
	community." Please use it as the first community on all future filings.	
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the identifi
Area	city.	
Served		
		1
	CITY OR TOWN	STATE
First	Camp Douglas	WI
Community	New Lisbon	WI
	Hustler	WI
d Rows as Necessary	Mauston	WI
	Tomah	WI
	Sparta	WI
	West Salem	WI
	Bangor	WI

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					FORM SA1	TEM ID			
Name	LVT Corp										
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in si system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate ci unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	pace E should co on of television a ay cable) in space (June 30 or Dec blocks in space transmission se umber of billings ice at the rate in harged for each (Example: "\$20 ounts allowed fo in space E, the to their subscrit	over all categ and radio broa ce F, not hen cember 31, a E call for the ervice. In ger in that categ dicated—not category of s /mth"). Sumr r advance pa form lists the pers. Give th	gories of seco adcasts by yo e. All the fact s the case m e number of s neral, you car ory (the num the number of service. Inclue narize any sta ayment. categories of e number of s	ondary transmission : bur system to subscri s you state must be ay be). subscribers to the ca ber of persons or or of sets receiving sen de both the amount of andard rate variation of secondary transmis subscribers and rate	bers. Give those exist of system of subscr anizations rice). of the charg s within a p ssion servic for each lis	information ing on the , broken ribers in charged ye and the particular rate se that cable sted category				
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted o <b>Block 2:</b> If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be counte ble service to ad nce again under nas rate categori iers of services t	ed as a subs Iditional sets "Service to a ies for secon hat include o	criber in each would be inc additional set dary transmis ne or more s	n applicable category luded in the count ur (s)." ssion service that are econdary transmission	. Example: der "Servic different fi ons), list the	a residential æ to the rom those em, together				
	BLC	DCK 1				BLOC					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEI	RS RA	TE	CATEGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE			
	Residential: • Service to first set		820	56.45				TUTI			
	<ul> <li>Service to additional set(s)</li> </ul>		875	7.48							
	• FM radio (if separate rate)				sic	725	87.3				
	Motel, hotel				panded		392	98.4			
	Commercial		31	92.50							
	Converter     Residential										
	Non-residential										
F Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SECC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscribe hose services th e two exceptions or facilities furnis it in which it is us rate column. e charged by the your cable syste separate charge	r) information at are not off s: you do not shed to nons sually billed. e cable syste em furnished was made of	n with respec rered in comb need to give ubscribers. R If any rates a m for each of or offered du r established	vination with any secu- rate information con- tate information shou are charged on a vari f the applicable servi- uring the accounting	ondary tran cerning (1) ld include t able per-pr ces listed. ceriod that	smission services ooth the ogram basis, were not				
		BLOC					BLOCK 2				
	CATEGORY OF SERVICE			OF SERVICE		CATEG	ORY OF SERVICE	RATE			
	Continuing Services:     Pay cable		<ul> <li>Motel, hot</li> </ul>	Non-residen	tial PP						
	• Pay cable—add'l channel		Commerce								
	Fire protection		Pay cable			•••••					
	•Burglar protection			-add'l channe	el						
	Installation: Residential		• Fire prote	ction							
	First set		• Burglar pr	otection							
			Other service	es:							
	<ul> <li>Additional set(s)</li> </ul>										
	• FM radio (if separate rate)		• Reconnec		PP						
	.,		Disconne	ct	PP PP						
	• FM radio (if separate rate)		Disconne     Outlet rela	ct							

Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM						
Name	LVT Corp			63						
	PRIMARY TRANSMITTERS: TELEVISION									
<b>G</b> Primary	carried by your cable system FCC rules and regulations ir	ntify every television station (including to a during the accounting period, <i>except</i> a effect on June 24, 1981, permitting th a(2) and (4), or 76.63 (referring to 76.67	(1) stations carried only on a part-time carriage of certain network program	ne basis under ns [sections						
ransmitters: Television	Substitute Basis Stations:	explained in the next paragraph. With respect to any distant stations ca es, regulations, or authorizations:	rried by your cable system on a subs	stitute program						
	• Do not list the station here station was carried only on a	in space G—but do list it in space I (th a substitute basis.								
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th	Iso in space I, if the station was carried in concerning substitute basis stations, is call sign. <i>Do not</i> report origination p with a station according to its over-the he form. I number the FCC assigned to the tele	see page (v) of the general instruction rogram services such as HBO, ESPN e-air designation. For example, report	ons. N, etc. Identify each t multistream						
	of license. For example, WF <b>Column 3:</b> Indicate in each	RC is channel 4 in Washington, D.C. case whether the station is a network s ing the letter "N" (for network), "N-M" (f	station, an independent station, or a i	noncommercial						
	(for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	"E" (for noncommercial educational), o "E" (for noncommercial educational), o ms, see page (iv) of the general instru of each station. For U.S. stations, list ian stations, if any, give the name of th	r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station is	nal multicast). s licensed by the						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	WISC	3	N	Madison, WI						
	WISC DT2 TVW	4	N-M	Madison, WI						
Rows as Necessary	WMTV	5	N	Madison, WI						
Nows as Necessary	WKBT	8	N	LaCrosse, WI						
	WMSN	47	N	Madison, WI						
	WEAU	13	N	Eau Claire, WI						
	WXOW	19	N	LaCrosse, WI						
	KQEG	23		LaCrosse, WI						
	WLAX	25	N	LaCrosse, WI						
	WKOW	27	N	Madison, WI						
	WHLA	31	E	LaCrosse, WI						
	WKBT DT2 MyNetwor	7	N-M	LaCrosse, WI						
	WXOW DT3 ThisTV	29	N-M	LaCrosse, WI						
	WXOW DT2 Catchy	10	N-M	LaCrosse, WI						
	WXOW DT2 Catchy WMTV DT4 METV	10 12	N-M	LaCrosse, WI Madison, WI						
	WMTV DT4 METV	10 12 28	N-M	Madison, WI						
		12		Madison, WI Madison, WI						
	WMTV DT4 METV WKOW DT2 Catchy	12 28 21	N-M N-M	Madison, WI Madison, WI LaCrosse, WI						
	WMTV DT4 METV WKOW DT2 Catchy WHLA DT3 WHLA DT2	12 28 21 22	N-M N-M N-M N-M	Madison, WI Madison, WI LaCrosse, WI LaCrosse, WI						
	WMTV DT4 METV WKOW DT2 Catchy WHLA DT3 WHLA DT2 WKOW DT3 ThisTV	12 28 21 22 58	N-M N-M N-M	Madison, WI Madison, WI LaCrosse, WI LaCrosse, WI Madison, WI						
	WMTV DT4 METV WKOW DT2 Catchy WHLA DT3 WHLA DT2 WKOW DT3 ThisTV WMTV DT2 CW	12 28 21 22 58 57	N-M N-M N-M N-M N-M	Madison, WI Madison, WI LaCrosse, WI LaCrosse, WI Madison, WI Madison, WI						
	WMTV DT4 METV WKOW DT2 Catchy WHLA DT3 WHLA DT2 WKOW DT3 ThisTV WMTV DT2 CW WLAX DT2 Antenna T	12 28 21 22 58	N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI LaCrosse, WI LaCrosse, WI Madison, WI Madison, WI LaCrosse, WI						
	WMTV DT4 METV WKOW DT2 Catchy WHLA DT3 WHLA DT2 WKOW DT3 ThisTV WMTV DT2 CW WLAX DT2 Antenna T WMSN DT2 Comet TV	12 28 21 22 58 57 26 48	N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI LaCrosse, WI LaCrosse, WI Madison, WI Madison, WI LaCrosse, WI Madison, WI						
	WMTV DT4 METV WKOW DT2 Catchy WHLA DT3 WHLA DT2 WKOW DT3 ThisTV WMTV DT2 CW WLAX DT2 Antenna T	12 28 21 22 58 57 26	N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI LaCrosse, WI LaCrosse, WI Madison, WI Madison, WI LaCrosse, WI						

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	LVT Corp			63
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, iden carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute Basis Stations: basis under specific FCC rul • Do not list the station here station was carried only on a • List the station here, and al basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WF	tity every television station (including tr during the accounting period, <i>except</i> ( effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.61 explained in the next paragraph. With respect to any distant stations car es, regulations, or authorizations: in space G—but do list it in space I (the a substitute basis. so in space I, if the station was carried or concerning substitute basis stations, s s call sign. <i>Do not</i> report origination priv with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network prog (e)(2) and (4))]; and (2) certain sta ried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting ove	time basis under rams [sections ations carried on a abstitute program Log)—if the so on some other stions. PN, etc. Identify each sort multistream r the air in its community
	educational station, by enteri (for independent multicast), " For the meaning of these ten <b>Column 4:</b> Give the location	ing the letter "N" (for network), "N-M" (for E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list t an stations, if any, give the name of the	or network multicast), "I" (for indep "E-M" (for noncommercial educa stions in the paper SA1-2 form. he community to which the station	pendent), "I-M" tional multicast). n is licensed by the
	educational station, by enteri (for independent multicast), " For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canadi	ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list t ian stations, if any, give the name of the	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the station e community with which the station	vendent), "I-M" tional multicast). n is licensed by the n is identified.
	educational station, by enteri (for independent multicast), " For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canadi	ing the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list t ian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b>	or network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form, the community to which the station e community with which the station <b>3. TYPE OF STATION</b>	endent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STATION
	educational station, by enteri (for independent multicast), " For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canadi	ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list t ian stations, if any, give the name of the	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the station e community with which the station	vendent), "I-M" tional multicast). n is licensed by the n is identified.
	educational station, by enteri (for independent multicast), " For the meaning of these ten <b>Column 4:</b> Give the location FCC. For Mexican or Canadi <b>1. CALL SIGN</b> WKOW DT4 Court TV	ing the letter "N" (for network), "N-M" (fe "E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list t ian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 60	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the station e community with which the station <b>3. TYPE OF STATION</b> N-M	endent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STATION Madison, WI
	educational station, by enteri (for independent multicast), " For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WKOW DT4 Court TV WXOW DT4 Court TV	ing the letter "N" (for network), "N-M" (fo 'E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 60 61	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the station community with which the station <b>3. TYPE OF STATION</b> N-M N-M	endent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STATION Madison, WI LaCrosse, WI
	educational station, by enteri (for independent multicast), " For the meaning of these ten Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WKOW DT4 Court TV WXOW DT4 Court TV WMTV DT5 Start TV	ing the letter "N" (for network), "N-M" (fc 'E" (for noncommercial educational), or ms, see page (iv) of the general instruc of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 60 61 62	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the station community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b>	endent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STATION Madison, WI LaCrosse, WI Madison, WI
	educational station, by enteri (for independent multicast), " For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WKOW DT4 Court TV WXOW DT4 Court TV WXOW DT4 Court TV WMTV DT5 Start TV WEAU DT2 COZI TV	ing the letter "N" (for network), "N-M" (fe "E" (for noncommercial educational), or ms, see page (iv) of the general instruc- of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 60 61 62 64	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the station e community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b>	endent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STATION Madison, WI LaCrosse, WI Madison, WI Eau Claire, WI
	educational station, by enteri (for independent multicast), " For the meaning of these ten Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WKOW DT4 Court TV WXOW DT4 Court TV WXOW DT4 Court TV WMTV DT5 Start TV WEAU DT2 COZI TV WEAU DT3 MeTV	ing the letter "N" (for network), "N-M" (fe 'E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 60 61 62 64 65	or network multicast), "I" (for indep "E-M" (for noncommercial educa- stions in the paper SA1-2 form. the community to which the station e community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b>	eendent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STATION Madison, WI LaCrosse, WI Madison, WI Eau Claire, WI Eau Claire, WI
	educational station, by enteri (for independent multicast), For the meaning of these ten Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WKOW DT4 Court TV WXOW DT4 Court TV WXOW DT4 Court TV WMTV DT5 Start TV WEAU DT2 COZI TV WEAU DT3 MeTV WEAU DT4 Movies	ing the letter "N" (for network), "N-M" (fe "E" (for noncommercial educational), or ms, see page (iv) of the general instruc- of each station. For U.S. stations, list t ian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 60 61 62 64 65 66 66	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the station e community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b>	eendent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STATION Madison, WI LaCrosse, WI Madison, WI Eau Claire, WI Eau Claire, WI Eau Claire, WI
	educational station, by enter (for independent multicast), " For the meaning of these ten Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WKOW DT4 Court TV WXOW DT4 Court TV WXOW DT4 Court TV WMTV DT5 Start TV WEAU DT5 Start TV WEAU DT2 COZI TV WEAU DT3 MeTV WEAU DT4 Movies WECX CW	ing the letter "N" (for network), "N-M" (fe 'E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list t an stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 60 61 62 64 65 66 66 67	or network multicast), "I" (for indep "E-M" (for noncommercial educa- stions in the paper SA1-2 form. the community to which the station e community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b>	eendent), "I-M" tional multicast). n is licensed by the n is identified. 4. LOCATION OF STATION Madison, WI LaCrosse, WI Madison, WI Eau Claire, WI Eau Claire, WI Eau Claire, WI Eau Claire, WI
	educational station, by enteri (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WKOW DT4 Court TV WXOW DT4 Court TV WXOW DT4 Court TV WMTV DT5 Start TV WEAU DT2 COZI TV WEAU DT3 MeTV WEAU DT3 MeTV WEAU DT4 Movies WECX CW WECX TV3 StartTV	ing the letter "N" (for network), "N-M" (fe "E" (for noncommercial educational), or ms, see page (iv) of the general instruc- of each station. For U.S. stations, list t ian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 60 61 61 62 64 64 65 66 66 67 69	or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. the community to which the station e community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b>	wendent), "I-M"         tional multicast).         n is licensed by the         n is identified.         4. LOCATION OF STATION         Madison, WI         LaCrosse, WI         Madison, WI         Eau Claire, WI
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WKOW DT4 Court TV WXOW DT4 Court TV WXOW DT4 Court TV WMTV DT5 Start TV WEAU DT5 Start TV WEAU DT2 COZI TV WEAU DT3 MeTV WEAU DT4 Movies WECX CW WECX TV3 StartTV WECX TV2 H & I	ing the letter "N" (for network), "N-M" (fc 'E" (for noncommercial educational), or ms, see page (iv) of the general instruct of each station. For U.S. stations, list t an stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 60 61 62 62 64 65 66 66 67 69 68	or network multicast), "I" (for indep "E-M" (for noncommercial educa- itions in the paper SA1-2 form. the community to which the station a community with which the station <b>3. TYPE OF STATION</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b> <b>N-M</b>	wendent), "I-M"         tional multicast).         n is licensed by the         n is identified.         4. LOCATION OF STATION         Madison, WI         LaCrosse, WI         Madison, WI         Eau Claire, WI

EGAL NAME O	F OWNER OF (	CABLE S	YSTEM:					SYSTEM II 633
n General: Lis		tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: C	) it is carried by monitoring, to ormation abou rm. dentify the call state whether t the radio stati this by placing Give the statior	y the sys be recei t the Co sign of e he statio ion's sign g a checl n's locati	<b>Band FM Carriage</b> : Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see par sed by the cable s he station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0	) it can t ertain sta eneral ir parate a	be expected, ated 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	
		5,0		O, LE OION		5,0		
						<u> </u>		
			<u> </u>					

Accounting Perio	d: 2024/1						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	LVT Corp							63389
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
I	In General: In space I, identi substitute basis during the ad	fy every nor	network televis	ion program, broadcast by a	a <i>distant</i> static			
Substitute	explanation of the programmi	ng that mus	t be included in	this log, see page (v) of the	e general instru	uctions in th	ne paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting period</li> </ul>	od, did you	r cable system	carry, on a substitute bas	is, any nonne	twork telev	vision program	n 🗾
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust comple	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			4- line		-:		
	In General: List each subst clear. If you need more spa Column 1: Give the title	ce, please a of every no	add additional i nnetwork televi	ows to the tables. sion program ("substitute	program") tha	it, during th	ne accounting	J
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	es like "mo						
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, ente	r "Yes." Otherwise enter "N	No."			
				sting the substitute progra			- 500	
	the case of Mexican or Can	adian static	ons, if any, the	e community to which the community with which the	station is iden	nsed by in ntified).	e FCC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals	, with the moi	nth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	gram was carried by your	cable system.	List the tir	mes accurate	elγ
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that v	our svsten	n was <i>require</i>	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	l; enter the let	ter "P" if th	e listed progr	
	was substituted for program effect on October 19, 1976.	iming that y	our system wa	s permitted to delete unde	er FCC rules a	and regulat	ions in	
								1
	s		E PROGRAM	1	CARR	EN SUBST	CURRED	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	5222.11011
							_	
							_	
								.+
								.+
								.+
					.			.+
					.			.+
					-			
							_	
							_	
							_	
							_	1
					1		_	
1							_	

Accounting Period:	2024/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: LVT Corp	SYSTEM ID# 63389
ĸ	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi	r the total of ssion service
Gross Receipts	(as identified in space E) during the accounting period. For a further explanation of how to compute this ar page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	nount, see \$ 431,965.82
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	63,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	is six-month
	Line 1. Royalty fee for accounting period	
	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 \$137,10	00)
	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 \$527,6	600)
	1. Enter the amount of gross receipts from space K \$ 431,965.82	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	1,681.66
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3,000.66
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	\$ 3,020.66
	EFT Trace # or TRANSACTION ID # 27LIAHAQ	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	

Accounting Period:	2024/1													FO	RM SA1-2E. PAGE 7
Name	LEGAL NAME OF OW	VNER OF CABLE SYSTEM:													SYSTEM ID# 63389
<b>M</b> Channels	to its subscribers, 1. Enter the total r system carried 2. Enter the total r on which the ca	u must give (1) the numbe and (2) the cable system' number of channels on wh television broadcast static number of activated chanr able system carried televis	's total num nich the cal ons nels sion broado	able	er of actival	ted chan	inels duri	ing the a		ng period	d. 	ns		35	
N Individual to Be Contacted	INDIVIDUAL TO E	BE CONTACTED IF FUR													
for Further Information	Name	Jean Edhlund									Telepho	ne 218	692-54	494	
	()	14 Main Street SW Number, street, rural route, apa Menahga, MN 56464 City, town, state, zip)		suite ni	number)										
	Email	jean.edhlund@	@cooperat	ative-	e-network	s.com			Fax	(optiona	I				
		his statement of account r	must be ce	ertifie	ed and sig	ined in a	ccordanc	ce with C	Copyrigh	nt Office r	regulation	5)			
O Certification		hereby certify that (Check					he cable s	system a	ıs identif	ied in line	e 1 of spac	e B; or			
		f owner other than corpo line 1 of space B and that i							ent of th	e owner o	of the cabl	e system	n as identif	fied	
	in <ul> <li>I have examined the</li> </ul>	or partner) I am an officer line 1 of space B. he statement of account and and correct to the best of in h 1001(1986)]	d hereby de	declar	are under pe	enalty of	law that a	all statem	nents of	fact conta			the cable	system	
				an elec	/s/ Scott ectronic sigr ture using a	nature on					ent.	_			
		Typed or printe	ed name:	s	Scott Pe	erry									
		Title:	Presi Title of officia			n corporati	ion or partn	nership)							
		Date:							2	2/11/202	5				

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.

T Corp       63         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:       P         Special Statemic concerning for providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers neeving secondary transmissions pursuant to section 119."       P         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.       Special Statem concerning for secondary transmissions         No		FORM SA1-2E. PAGE
Sector SPECIALS STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(g)(1)(A), of the Copyright Act by adding the following aretinece: The Satellite Home Viewer Act of 1988 amended Title 17, section 111(g)(1)(A), of the Copyright Act by adding the following aretinece: The 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 breadcast transmitters, the system shall not include sub- scribers and amounts Collected from subscribers receiving secondary transmissions pursuant to second 112. 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. The mean secondary transmission and the gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. The YESE Enter the total here and list the satellite carrier(s) below. The ame maining datess The application of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. The analysis dates are paped (viii) of the general instructions located in the paper SA1-2 form. The a Multiply line 1 by the interest rate* and enter the sum here The anount of late payment or underpayment. The adultiply line 2 by the number of days late and enter the sum here The adultiply line 2 by the number of days late and enter the sum here The adultiply line 3 by 0.00274** and enter here The constant the Locaning Quarkient and Constant		SYSTEM II
The Satellite Home Vewer Act of 1988 amended Title 17, secton 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence. The determining the total number of subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers and the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers are the gross amounts paid to the cable system for the basic scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. <sup>o</sup> For more information on when to exclude these amounts, see the note on page (vii) of the general instructions focated in the pager SA1-2 form. There is the dealer of these amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. No No No No No No No N	Corp	6338
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions       Image: The second carriers to satellite dish owners?         Image: NO       Image: Second carriers to satellite carrier(s) below.       S         Image: Maining Address       Maining Address	<ul> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name       Name         Maiing Address       Maiing 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.       Interest Assessment         Line 1       Enter the amount of late payment or underpayment       x	made by satellite carriers to satellite dish owners?	
Name       Name         Maiing Address       Maiing 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.       Interest Assessment         Line 1       Enter the amount of late payment or underpayment       x		
Mailing Address       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.       Q         For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Interest Assessment.         Line 1       Enter the amount of late payment or underpayment		
Image:		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: 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.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.         Line 1       Enter the amount of late payment or underpayment	Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.       Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.         Line 1       Enter the amount of late payment or underpayment		
x		Interest Assessmer
x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6		
(interest charge)  * 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	··· · · · · · · · · · · · · · · · · ·	
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	x 0.00274       Line 4 Multiply line 3 by 0.00274** and enter here	_
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	x 0.00274           Line 4 Multiply line 3 by 0.00274** and enter here           in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number	Line 4       Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
Address ID number	Line 4       Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
Address ID number	x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
	x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
First community served	x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
Accounting period	Line 4       Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	

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.