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	NT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to:
for Secondar	y Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable System	ns (Short Form) tions are located	2/28/2025	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Accounting Period	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYYY/(I Period 1 = January 1 - June 30 20242 Barcode Data Filing Period (optional -	Period 2 = July 1 - December 31	
_	Instructions: Give the full legal name of the owner of	the cable system. If the owner is a subsidiary o	f another corporation, give the full corporate title	of the

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	
		Grantland Telecom LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		525 Junction Road	
		(Number, street, rural route, apartment, or sulte number) Madison, WI 53717	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		TDS Telecom, Inc.	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act 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 filing, a determination that would be made by a court of law.

Accounting Period: 2	2024/02	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	Grantland Telecom LLC	63632
D Area Served	Instructions: List each separate community served by the cable system. A "com separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mot city.	nmunity" is the same as a "community unit" as defined in FCC rules: "a ommunities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the
First	CITY OR TOWN Fennimore	STATE WI
First Community	Bagley	WI
	Bloomington	WI
Add Rows as Necessary	Patch Grove	WI

Accounting Period:	2024/02							FORM SA	1-2E. PAGE 2
	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:							STEM ID#
Name	Grantland Telecom LLC								63632
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION SE In General: The information in space system, that is, the retransmission of about other services (including pay last day of the accounting period (J Number of Subscribers: Both bit down by categories of secondary tra- each category by counting the num separately for the particular service Rate: Give the standard rate cha	ce E should cove of television and cable) in space une 30 or Decer ocks in space E ansmission serv ber of billings in at the rate indic	er all cate I radio br F, not he mber 31, call for 1 ice. In ge that cate ated—no	egories of secon- oadcasts by your ere. All the facts as the case may the number of su eneral, you can c egory (the number of the number of	r system to you state n be). bscribers to ompute the er of persor sets receiv	<ul> <li>subscribers. Given subscribers. Given subscriber those exiting the system of the cable system of the subscription of subscription or organization ving service).</li> </ul>	re informatic sting on the m, broken scribers in ns charged		
	unit in which it is generally billed. (E category, but do not include discour <b>Block 1:</b> In the left-hand block in systems most commonly provide to that applies to your system. <b>Note:</b> A categories, that person or entity sho subscriber who pays extra for cable first set" and would be counted once <b>Block 2:</b> If your cable system has printed in block 1 (for example, tiers with the number of subscribers and sufficient.	Example: "\$20/m nts allowed for a space E, the for their subscriber Where an individ build be counted service to addit e again under "S s rate categories s of services tha	th"). Sun idvance p rm lists th rs. Give t lual or or as a sub tional set Service to s for seco t include	nmarize any stan payment. he categories of s the number of su ganization is rec pacriber in each a ts would be includ p additional set(s pondary transmiss one or more sec	dard rate v secondary bscribers a eiving serv upplicable o ded in the o )." ion service condary tra	variations within a transmission ser and rate for each ice that falls unde category. Exampl count under "Sen e that are differen nsmissions), list	vice that cal listed categ er different e: a residen vice to the t from those them, togeth	ate ble ory tial	
	BL	OCK 1					BLOCK		_
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	САТ	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		466	\$30/mo	0/11				
	Service to additional set(s)     FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								
	Residential		466	\$6/Mo.					
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECON In General: Space F calls for rate ( not covered in space E, that is, those service for a single fee. There are the furnished at cost or (2) services or f amount of the charge and the unit in enter only the letters "PP" in the rate Block 1: Give the standard rate of Block 2: List any services that you listed in block 1 and for which a sep brief (two- or three-word) description	not subscriber) i se services that wo exceptions: y facilities furnishe n which it is usua e column. charged by the c bur cable system parate charge wa	information are not of you do not ad to non ally billed able sys a furnishe as made	on with respect to offered in combin ot need to give ra subscribers. Rat d. If any rates are tem for each of th ed or offered duri or established. L	ation with a ate informati e charged c he applicat ng the acc	any secondary tra tion concerning ( on should include on a variable per- ole services listed ounting period th	ansmission 1) services e both the program bas d. at were not	sis,	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERVIO	-	RATE	CATEG	ORY OF SERVICE	RATE
	Pay cable	\$8.00-\$15.00		tel, hotel	intial				
	• Pay cable—add'l channel		• Cor	nmercial		\$0 - \$50.00			
	Fire protection		• Pay	/ cable					
	<ul> <li>Burglar protection</li> </ul>		• Pay	/ cable-add'l char	nnel				
	Installation: Residential		• Fire	e protection					
	• First set	\$0-\$49.95		glar protection					
	Additional set(s)	\$0-\$49.95	-	ervices:					
	• FM radio (if separate rate)			connect		\$0-\$25.00			
	Converter					40.00.00.00			
			_	let relocation	-	19.98-39.96			
			• MOV	ve to new addres	5				

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:		SYSTEM
Name	Grantland Telecom LLC	:		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system d FCC rules and regulations in e	fy every television station (including trans luring the accounting period, <i>except</i> (1) s ffect on June 24, 1981, permitting the ca	stations carried only on a part-time bas rriage of certain network programs [se	sis under ctions
Primary Transmitters:		<ol> <li>and (4), or 76.63 (referring to 76.61(e))</li> <li>xplained in the next paragraph.</li> </ol>		
Television	basis under specific FCC rules • Do <i>not</i> list the station here in	/ith respect to any distant stations carried s, regulations, or authorizations: space G—but do list it in space I (the Sp substitute basis		
	basis. For further information of	b in space I, if the station was carried bot concerning substitute basis stations, see call sign. <i>Do not</i> report origination progra	page (v) of the general instructions.	
	"WETA-2" as the same on the <b>Column 2:</b> Give the channel n of license. For example, WRC	number the FCC assigned to the televisio c is channel 4 in Washington, D.C.	n station for broadcasting over the air	in its community
	educational station, by entering (for independent multicast), "E For the meaning of these term	se whether the station is a network station g the letter "N" (for network), "N-M" (for n " (for noncommercial educational), or "E- s, see page (iv) of the general instruction f cosh station. For LLS stations, list the	etwork multicast), "I" (for independent) M" (for noncommercial educational mu is in the paper SA1-2 form.	), "I-M" ulticast).
		f each station. For U.S. stations, list the n stations, if any, give the name of the co		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WKOW	27.1	N	Madison, WI
	WKOW-DT2	27.2	N-M	Madison, WI
d Rows as Necessary	WKOW-DT4	27.4	N-M	Madison, WI
-	WKOW-DT5	27.5	N-M	Madison, WI
	WISC	3.1	N	Madison, WI
	WISC-DT2	3.2	N-M	Madison, WI
	WISC-DT3	3.3	N-M	Madison, WI
	WMSN	47.1	N	Madison, WI
	-			
	WMSN-DT2	47.2	N-M	Madison, WI
	WMSN-DT3	47.3	N-M	Madison, WI
	WMSN-DT4	47.4	N-M	Madison, WI
	WMTV	15.1	N	Madison, WI
	WMTV-DT2	15.2	N-M	Madison, WI
	WMTV-DT3	15.3	N-M	Madison, WI
	WMTV-DT4	15.4	N-M	Madison, WI
	WMTV-DT5	15.5	N-M	Madison, WI
	WMTV-DT6	15.6	N-M	Madison, WI
	WHA	21.1	E	Madison, WI
	WHA-DT2	21.2	E-M	Madison, WI
	WHA-DT3	21.3	E-M	Madison, WI
	WHA-DT4	21.4	E-M	Madison, WI
	WIFS	57.1	1	Janesville, WI

•	2024/02			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
Name	Grantland Telecom LL	0		6363
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e)( substitute program basis, as <b>Substitute Basis Stations:</b> A basis under specific FCC rule • Do <i>not</i> list the station here in station was carried <i>only</i> on a • List the station here, and als basis. For further information <b>Column 1:</b> List each station's multicast stream associated v "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WR <b>Column 3:</b> Indicate in each c educational station, by enterii (for independent multicast), " For the meaning of these terr <b>Column 4:</b> Give the location	so in space I, if the station was carried bot concerning substitute basis stations, see a call sign. <i>Do not</i> report origination progra with a station according to its over-the-air of	tations carried only on a part-time basis rriage of certain network programs [secti 2) and (4))]; and (2) certain stations carr by your cable system on a substitute pr becial Statement and Program Log)—if th n on a substitute basis and also on some page (v) of the general instructions. Im services such as HBO, ESPN, etc. Ic designation. For example, report multist in station for broadcasting over the air in n, an independent station, or a noncommetwork multicast), "I" (for independent), " M" (for noncommercial educational multi s in the paper SA1-2 form.	under ions ied on a ogram he e other dentify each ream its community mercial I-M" cast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Accounting Pe								FO	RM SA1-2E. PAGE 4
LEGAL NAME OF ( Grantland Tel		BLE SYST	EM:						SYSTEM ID# 63632
	every radio stat	ion carrie	d on a separate and discrete ba Illy receivable by your cable sys				ed on an		н
receivable if (1) it on the basis of m For detailed inforn paper SA1-2 form Column 1: Ide Column 2: Sta Column 3: If th	is carried by the onitoring, to be mation about the n. entify the call signate whether the he radio station	ne system received ne Copyri gn of each station is i's signal	and FM Carriage: Under Copyr whenever it is received at the s at the headend, with the system ght Office regulations on this po n station carried. AM or FM. was electronically processed by ark in the "S/D" column.	sys n's oint	tem's headend, a FM antenna, dui t, see page (v) of	and (2) it can be ring certain stat the general ins	e expecte ed interv structions	ed, als. in the.	Primary Transmitters: Radio
Column 4: Giv	ve the station's	location (	the community to which the stat community with which the statio			ne FCC or, in th	ie case o	f	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A									
				-					
				-					
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Accounting Period	: 2024/02						FO	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYSTEM ID#
Name	Grantland Telecom LLC	;						63632
Substitute	basis during the accounting p	y <i>every nonne</i> period, under s	<i>twork television p</i> pecific present ar	ND PROGRAM LOG program, broadcast by a distand former FCC rules, regulation of the general instructions in the	ons, or authoriz	ations. For a		
Carriage: Special	1. SPECIAL STATEMENT							
Statement and				y, on a substitute basis, any	nonnotwork to	lovicion pro	aram	
Program Log	<b>o o i</b>		able system can	y, on a substitute basis, any			Ŭ.	V
	broadcast by a distant station	on?				L	YES	XNO
	Note: If your answer is "No",	leave the res	t of this page bla	ank. If your answer is "Yes," y	ou must com	plete the pro	ogram	
	log in block 2.							
	period, was broadcast by a c under certain FCC rules, reg Do not use general categorie "NBA Basketball: 76ers vs. E Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Cana Column 5: Give the mont first. Example: for May 7 give Column 6: State the time: to the nearest five minutes. I stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules and	tute program of the please add of every nonne distant station julations, or au es like "movies Bulls." was broadcas ign of the stati dcast station's adian station's adian stations, h and day when e "5/7." s when the su Example: a pro- r "R" if the listen nd regulations	on a separate lin additional rows twork television and that your ca uthorizations. See s' or "basketball. st live, enter "Ye: on broadcasting location (the co if any, the comre on your system of bostitute program bogram carried by ed program was in effect during	to the tables. program ("substitute program ble system substituted for the page (v) of the general ins " List specific program titles, s." Otherwise enter "No." the substitute program. mmunity to which the station nunity with which the station carried the substitute program	n") that, during e programmin structions for fu- for example, is licensed by is identified). n. Use numera ystem. List the to 6:28:30 p.r that your sysis the letter "P"	g the accour g of another urther inform "I Love Lucy of the FCC or als, with the e times accu n. should be them was <i>req</i> if the listed p	nting r station nation. " or ", in month rately e	
							CARRIAGE	
		SUBSTITUT	E PROGRAM			OCCURRE		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
	N/A						_	
								•+
							_	
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			<u> </u>					
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Accounting Period: 2	024/02			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			ę	SYSTEM ID#
	Grantland Telecom LLC				63632
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amoun all amounts (gross receipts) paid to your cable system by subscribers for the system's second (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.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	condary tr compute	ansmission serv	vice e	12,836.62 pss receipts)
	COPYRIGHT ROYALTY FEE				· · ·
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	n \$527,60			
	BLOCK 1: GROSS RECEIPTS OF \$137,100	OR LES	SS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00	u must pa	ay for this six-mo	nth	
	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 (bu	ut more	than \$137,100)	)	
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K		142,836.62		
	3. Subtract line 2 from line 1		120,963.38		
	4. Enter the amount of gross receipts from space K	· · · · · · - <u>-</u>	\$	142,836.62	
	5. Enter the amount from line 3	-	\$	120,963.38	
	6. Subtract line 5 from line 4	_	\$	21,873.24	
	7. Multiply line 6 by .005 (enter figure here)			\$	109.37
	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			\$	109.37
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but les	s than \$527,60	0)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01	-			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	···· -	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	-		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6				
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · - <u>-</u>	\$	109.37	
Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	· · · · · · - <u>-</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	129.37
	EFT Trace # or TRANSACTION ID #			[	
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form and the Excel				

Name         Granular Discon LLC         6383           M         CHANNELS         Imatuclion: You must give (1) the number of dimension on which the cable system carried bis/vision broadcast stations         1           Channels         Imatuclion: You must give (1) the number of adminished stationable dimension for adminished stationable dimension for adminished of adminished of adminished dimension for adminished dimensis adminished dimension for adminished dimension for adminished di	Accounting Period: 2	024/02				FORM SA1-2E. PAGE 7
M Channels       Instructions: You must give (1) the number of channels on which the calls system cannot blockback statutes the subschemes, and (2) the calls system's ideal number of additional channels during the accounting point.       2         - Enter the block number of channels on which the calls system cannot blockback statutes:       2         - Boot the block number of channels on which the calls system cannot blockback statutes:       155         N       Individual to BS Contaction       155         N       Individual to BS Contaction       155         N       Individual to BS Contaction       155         DS Contaction       Individual to BS Contaction       155         DS Contaction       Individual to BS Contaction       155         DS Contaction       Individual to BS Statute and the individual statute and individual statute and the indindividual statute and the individual statute and the i	Name					SYSTEM ID# 63632
Individual to Be Contacted for Further Information       Name       Mitchell Maier       Telephone (603) 886-8210         Address       525 Junction Rd (Venter, End, use hole, agented, etc.)       Telephone (603) 886-8210         Address       525 Junction Rd (Venter, End, use hole, agented, etc.)         Water, End, use hole, agented, etc.)       Name         Madison, WI 53593		Instructions: Yo to its subscribers 1. Enter the total system carrie 2. Enter the total on which the o	a, and (2) the cable system's tota number of channels on which the d television broadcast stations . number of activated channels cable system carried television b	l number e cable 	of activated channels during the accounting period.	
Information       Name       Mitchell Maier       Telephone (608) 886-8210         Address       525 Junction Rd (Number, state, state numb, spannen) or submission       Telephone (608) 886-8210         Address       525 Junction Rd (Number, state, state), state numb, spannen) or submission       Telephone (608) 886-8210         Matioson, With Sassa       (Only toor, state, state)       Telephone (608) 886-8210         (D)       Email       Example Biblioheem cont       Fax (optional)         (D)       Email       Example Biblioheem cont       Fax (optional)         (D)       Certification       - 1 the undersigned, hereby certify that (Check one, but only one, of the boxes.)         (O)       Ower other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         (Agent of owner other than corporation or partnership) I am the day stationed agent of the cable system as identified in line 1 of space B; or         (D)       Officer or partnership) I am the day stationed agent of the cable system as identified in line 1 of space B; or         (D)       Officer or partnership) I am the day stationed agent of the cable system as identified in line 1 of space B; or         (D)       Officer or partnership) I am the day stationed agent of the cable system in line 1 of space B; or         (D)       Officer or partnership) I am the day stationed are made in good faith.         (D) US C. Section 1001(1969)	Individual to				ATION IS NEEDED (Identify an individual to whom	
[Number: street, und rode, spaceheed, or suite number]         Madiation, WI 353933         (City, unit, side, zr)         Email       function distance of account must be certified and signed in accordance with Copyright Office regulations)         • 1 the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes)         • 0       (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or         • 1 he undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes)       • (Officer or partner) is an officer (of a corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or         • 0       (Other or partner) is an officer (of a corporation) or partnership) or         • 0       (Officer or partner) is an officer (of a corporation or partnership) or         • 1 here or dispace B.       • (officer or partner) is an on officer (of a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system is identified in line 1 of space B.         • have acamined the statement de account and hereby declare under panalty of law that all statements of fact contained herein line 1001(1980)         • How acamined the statement to the best of my knowledge, information, and belief, and are made in good fast.         • How acamined the statement to the sector or isonature on the line above to certify this statement. Enter signature using an 'b's signature' (e.g., b's John Smith)         • How or printed name: <b>Inter of fast conta </b>	for Further	Name	Mitchell Maier		Te	lephone (608) 886-8210
Email       Encode@titidedecom.com       Fax (optional)         O       CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)         • 1. the undersigned, hereby certify that (Check one, but only one, of the boxes.)       • (Owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified In line 1 of space B; or         • (Officer or partner) I am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable system as identified I in in 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system in in 1 of space B.         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belef, and are made in good faith.         If U S.C., Section 1001(1996)       ////////////////////////////////////		Address	(Number, street, rural route, apartmen Madison, WI 53593	t, or suite n	imber)	
O         Certification       • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         (Agent of owner other than corporation or partnership) I am the duly authorized agent of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or         (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are two, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C. Section 1001(1986)]         Marcel       X         // ISU S.C. Section 1001(1986)]       /s/ Thomas Bader         There an electronic signature on the line above to certify this statement. Enter signature using an 7/s/ signature" (e.g., /s/ John Smith)         Typed or printed name:       Thomas Bader         Title:       Assistant Treasure         (Title of official position held in corporation held in corporation or pathership)		Email		<u>1.com</u>	Fax (optional)	
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:       Thomas Bader         Title:       Assistant Treasurer (Title of official position held in corporation or partnership)	-	I, the undersigned,     (Owner     (Agent of     X (Office     I have examined th     are true, complete	, hereby certify that (Check one, <i>b</i> other than corporation or partr of owner other than corporatior in line 1 of space B and that the r or partner) I am an officer (if a c in line 1 of space B. he statement of account and here e, and correct to the best of my kn	ut only on ership)   ; or partne owner is   corporation by declare owledge,	e, of the boxes.) am the owner of the cable system as identified in line 1 of space B; arship) I am the duly authorized agent of the owner of the cable sys not a corporation or partnership; or a) or a partner (if a partnership) of the legal entity identified as owner under penalty of law that all statements of fact contained herein nformation, and belief, and are made in good faith.	stem as identified
Title: Assistant Treasurer (Title of official position held in corporation or partnership)				Enter an	electronic signature on the line above to certify this statement.	
(Title of official position held in corporation or partnership)			Typed or printed r	ame:	Thomas Bader	
Date: February 12, 2025						
			Date:		February 12, 2025	

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: 2024/02	FORM SA1-2E. PAGE 8
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
tland Telecom LLC	6363
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <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:         <ul> <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> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	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	
<b>INTEREST ASSESSMENT</b> You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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