

CONTROL #:

REMITTANCE #:



\$ _____
 Total amount of remittance Number of SAs rec'd Initials

_____ Check EFT FILING FEE
 Date of remittance

Cable ID #				Amount/Initials \$
Examined by	Reviewed by	Date examination completed	Allocation number	

Space A
Accounting Period

January 1 – June 30, 20 _____ July 1 – December 31, 20 _____

Letter sent Information received

Accepted Phone call/Date/Contact

Space B
Owner

Letter sent Information received

Accepted Phone call/Date/Contact

Space D
Area Served

Letter sent Information received

Accepted Phone call/Date/Contact

Space E
Secondary Transmission Service
Subscribers:
and Rates

Letter sent Information received

Accepted Phone call/Date/Contact

Space G
Primary Transmitters:
Television

Letter sent Information received

Accepted Phone call/Date/Contact

Space H
Primary Transmitters:
Radio

Accepted Phone call/Date/Contact

<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted	<input type="checkbox"/> Information received	Space I Substitute Carriage
<input type="checkbox"/> Phone call/Date/Contact		
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	Space J Part-time Carriage Log (SA3 only)
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	Space K Gross Receipts
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
<input type="checkbox"/> Royalty Fee should be \$	<input type="checkbox"/> Refund request to fiscal	Space L Copyright Filing and Royalty Fees
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	Space M Channels
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	Space O Certification
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	Space P Statement of Gross Receipts
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received	Space Q Interest Assessment
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015
 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**SA1-2
 Short Form**

STATEMENT OF ACCOUNT
*for Secondary Transmissions
 by Cable Systems (Short Form)*

General instructions are at the end of this form [pages (i)–(vii)].

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
02/18/2020	\$ 67.00 EH
	ALLOCATION NUMBER

Return to:
 Library of Congress
 Copyright Office
 Licensing Division
 101 Independence Ave. SE
 Washington, DC 20557-6400
 (202) 707-8150

For courier deliveries,
 see page ii of the general
 instructions.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)	
	<input type="checkbox"/> January 1–June 30 (Year)	<input checked="" type="checkbox"/> July 1–December 31 <u>2019</u> (Year)

B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other names under which the owner conducts the business of the cable system. <i>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.</i> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. _____	
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Madison Telephone, LLC
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 117 North 3rd Street, PO Box 337 (Number, street, rural route, apartment, or suite number) Madison, KS 66860 (City, town, state, zip)

C System	Instructions: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
	1	IDENTIFICATION OF CABLE SYSTEM:
	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip)

D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the <i>first community on all future filings</i> . Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.			
		CITY OR TOWN	STATE	CITY OR TOWN
First Community	Madison	KS		

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Madison Telephone, LLC
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E Secondary Transmission Service: Subscribers and Rates	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set," and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1, (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: <ul style="list-style-type: none"> • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter <ul style="list-style-type: none"> • Residential • Nonresidential 	135 	44.99 	Local + Basic	60 	99.99 	
			Local + Basic + Expanded	60 	109.99 	

F Services Other Than Secondary Transmissions: Rates	<p>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: <ul style="list-style-type: none"> • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential <ul style="list-style-type: none"> • First set • Additional set(s) • FM radio (if separate rate) • Converter 		Installation: Non-residential <ul style="list-style-type: none"> • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Other Services: <ul style="list-style-type: none"> • Reconnect • Disconnect • Outlet relocation • Move to new address 		HBO	19.99 	
				Cinemax	14.99 	
				Showtime/TMS/Flix	15.99 	
				Starz/Encore	14.99 	
				Spanish	9.99 	
				Streams	2.00 	
				DVR Hours 100	5.00 	
				DVR hours per add'l 100	10 	
				Installation	100.00 	

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
 Madison Telephone, LLC

K
Gross Receipts

GROSS RECEIPTS
Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vi) of the general instructions.

- Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 86868.55

(Amount of gross receipts)

IMPORTANT: You must complete a statement in space P concerning gross receipts.

L
Copyright Royalty Fee

COPYRIGHT ROYALTY AND FILING FEES
Instructions: To compute the royalty fee you owe:

- Complete block 1, block 2, or block 3
- Use block 1 if the amount of gross receipts in space K is \$137,100 or less
- Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800
- Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600

See page (vi) of the general instructions 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 must pay for this six-month accounting period is \$52.00

Line 1. Royalty fee for accounting period \$ 52.00

Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 \$

Line 3. **Filing Fee** \$ 15.00

Line 4. **TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.**
 Add lines 1, 2 and 3 \$ 67

BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)

1. Base amount under statutory formula \$263,800

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 \$

9. **Filing Fee** \$ 20.00

10. **TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.**
 Add lines 7, 8 and 9 \$

BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)

1. Enter the amount of gross receipts from space K \$

2. Base amount under statutory formula \$ 263,800

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

6. Interest Charge. Enter the amount from line 4, space Q, page 8 \$

7. **Filing Fee** \$ 20.00

8. **TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.**
 Add lines 4, 5, 6 and 7 \$

IMPORTANT: Your remittance must be in the form of an *electronic payment* payable to *Register of Copyrights*. See page i of the general instructions for more information.

LEGAL NAME OF OWNER OF CABLE SYSTEM: Madison Telephone, LLC	Name
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	M Channels
1. Enter the total number of channels on which the cable system carried television broadcast stations.	<input style="width: 100%; border: 1px solid black;" type="text" value="225"/>
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	<input style="width: 100%; border: 1px solid black;" type="text" value="225"/>
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	N Individual to Be Contacted for Further Information
Name <u>Shana Rains</u> Telephone <u>6204372356</u> <small>(Area code)</small>	
Address <u>117 North 3rd Street, PO Box 337</u> <small>(Number, street, rural route, apartment, or suite number)</small>	
<u>Madison, KS 66860</u> <small>(City, town, state, zip)</small>	
Email (optional) <u>mtn.shana@gmail.com</u> Fax (optional) <u>6204372108</u>	
CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	O Certification
<ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 	
<input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
<input checked="" type="checkbox"/> (Agent of 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, and that the owner is not a corporation or partnership; or	
<input type="checkbox"/> (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.	
<ul style="list-style-type: none"> • 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 belief, and are made in good faith. [See 18 U.S.C. sec.1001] 	
	Handwritten signature: <u>Shana Rains</u>
	Typed or printed name: <u>Shana Rains</u>
	Title: <u>Regulatory Officer</u> <small>(Title of official position held in corporation or partnership)</small>
	Date: <u>2-7-20</u>

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Madison Telephone, LLC
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<p>P</p> <p>Special Statement Concerning Gross Receipts Exclusions</p>	<p>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.”</p> <p>For more information on when to exclude these amounts, see the note on page (vi) of the general instructions.</p> <p>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?</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name</td> <td style="width:50%;">Name</td> </tr> <tr> <td>Mailing address</td> <td>Mailing address</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>	Name	Name	Mailing address	Mailing address
Name	Name								
Mailing address	Mailing address								
.....								
.....								

<p>Q</p> <p>Interest Assessment</p>	<p>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 (vii) of the general instructions.</p> <p>Line 1. Enter the amount of late payment or underpayment \$ _____ x _____ %</p> <p>Line 2. Multiply line 1 by the interest rate* and enter the sum here. _____ x _____ days</p> <p>Line 3. Multiply line 2 by the number of days late and enter the sum here _____ x .00274</p> <p>Line 4, Multiply line 3 by .00274** and enter here and in space L (page 6) block 1, line 2, or block 2, line 8, or block 3, line 6 \$ _____ (interest charge)</p> <p>* 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@loc.gov.</p> <p>**This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>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.</p> <p>Owner</p> <p>Address</p> <p>.....</p> <p>ID number</p> <p>First community served</p> <p>Accounting period</p>
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USP CODE	USERS	QTY	DESCRIPTION OF SERVICE	AMOUNT	DISCOUNT AMT TOTAL	FED TAX TAXABLE	ST TAX TAXABLE	L1 TAX TAXABLE	L2 TAX TAXABLE	L3 TAX TAXABLE	L4 TAX TAXABLE
076	223	223	RES BROADBAND 30/30	11059.47							
077	20	20	BUS BROADBAND 50/50	1799.80							
080	287	295	WIFI ACCESS MONTHLY RENTAL	1489.17			1489.17	464.00	675.00		899.34
082	1	1	WIFI ACCESS MONTHLY RENTAL-	7.50			7.50		7.50		7.50
083B	1	1	BUS BGP INTERNET 500/500 MB	1000.00							1000.00
085	158	158	RES INTERNET 30/30 MBPS	7246.90							6047.13
085M	61	61	RES BROADBAND 50/50	4339.39							
086	59	59	RES INTERNET 50/50 MBPS	4946.02							4393.09
086M	6	6	BUS BROADBAND30/30	419.94							
087	21	21	RES INTERNET 100/100 MBPS	2643.09							1916.49
088	57	57	BUS INTERNET 30/30 MBPS	3700.11							3630.12
089	20	20	BUS INTERNET 50/50 MBPS	2105.78							2105.78
090	18	18	BUS INTERNET 100/100 MBPS	2247.81							1887.84
093	50	69	STATIC IP ADDRESS	1395.33							1075.33
095	23	23	RES WIRELESS INTERNET 25/10	1339.78							
096	12	12	RES WIRELESS INTERNET 50/20	1169.87							
097	2	2	BUS WIRELESS INTERNET 25/10	159.98							
098	1	1	BUS WIRELESS INTERNET 50/20	109.99							
116	1	1	HORN	1.00			1.00	1.00			
117	4	4	MAINSTREET MESSENGER	40.00			40.00	40.00			
120	2	2	E911- INTRALATA CIRCUIT	100.00		100.00	100.00	100.00		100.00	
129	12	16	ROLLOVER	138.40		138.40	138.40	138.40		138.40	
141	11	9	LOCAL	404.91			404.91		224.95		359.92
144	7	6	LOCALS	307.43			307.43	307.43			
145	31	30	BASIC	2916.37			2916.37	2916.37			
145T	1	1	BASIC-TOPEKA	99.99			99.99	99.99			
146	34	32	EXPANDED	3450.02			3450.02	3450.02			
146T	6	6	EXPANDED-TOPEKA	659.94			659.94	659.94			
150	30	29	BASIC	2899.71			2899.71		2299.77		2499.75
151	26	22	EXPANDED	2419.78			2419.78		1979.82		1979.82
152	7	1	HBO	19.99			19.99		19.99		19.99
153	7	1	CINEMAX	14.99			14.99		14.99		14.99
154	7	1	SHOWTIME/TMC/FLIX	15.99			15.99		15.99		15.99
155	7	1	STARZ/ENCORE	14.99			14.99		14.99		14.99

Ⓐ locals = 15

μ basic = 60

φ expanded = 60

135

Journal No.	Suf	Src	Com	Sub	Div	Account	Reference	Detail Description	Work Order	Beginning Balance	----- Account Activity -----		New Balance	
											Debit	Credit		
						7800.100		TV Revenues						
47748	00	BL	07	07/01/19	0555	MTNET 07/01/2019 01	0555 MTNET 07/01/2019 01			(89,487.21)	0.00	6,154.32	(95,641.53)	
48420	00	IJ	07	08/09/19	405	02/06/2020 555 000 00	Clear non-reg			(95,641.53)	0.00	8,441.23	(104,082.76)	
48207	00	BL	08	08/01/19	0555	MTNET 08/01/2019 01	0555 MTNET 08/01/2019 01			(104,082.76)	0.00	6,129.77	(110,212.53)	
48984	00	IJ	08	09/12/19	402	02/06/2020 555 000 00	Clear non-reg			(110,212.53)	0.00	7,909.18	(118,121.71)	
48713	00	BL	09	09/01/19	0555	MTNET 09/01/2019 01	0555 MTNET 09/01/2019 01			(118,121.71)	0.00	6,611.99	(124,733.70)	
49431	00	IJ	09	10/14/19	403	02/06/2020 555 000 00	Move non-reg			(124,733.70)	0.00	8,451.95	(133,185.65)	
49231	00	BL	10	10/01/19	0555	MTNET 10/01/2019 01	0555 MTNET 10/01/2019 01			(133,185.65)	0.00	6,481.09	(139,666.74)	
49906	00	IJ	10	11/11/19	403	02/06/2020 555 000 00	Move non-reg			(139,666.74)	0.00	8,720.46	(148,387.20)	
49638	00	BL	11	11/01/19	0555	MTNET 11/01/2019 01	0555 MTNET 11/01/2019 01			(148,387.20)	0.00	6,111.69	(154,498.89)	
51155	00	IJ	11	12/06/19	402	02/06/2020 555 000 00	Move nonreg			(154,498.89)	0.00	7,801.03	(162,299.92)	
50957	00	BL	12	12/01/19	0555	MTNET 12/01/2019 01	0555 MTNET 12/01/2019 01			(162,299.92)	0.00	6,280.35	(168,580.27)	
904	00	JE	12	01/02/20		Move non-reg	Move non-reg			(168,580.27)	0.00	7,775.49	(176,355.76)	
Account Totals:										(\$89,487.21)	\$0.00	\$86,868.55	(\$176,355.76)	
Grand Totals:										(\$89,487.21)	\$0.00	\$86,868.55	(\$176,355.76)	
Est. Net Income:										\$86,868.55				

Selection Criteria: Period: 07 to 12
 Year: 2019
 Sort By: JE Number
 Accounts: Select Active Accounts

Suppress Zero Balances: Yes
 Suppress Inactive Zero Balances: No
 Display Credits in Parentheses (): Yes

Print Estimated Net Income: Yes
 Replace Reference with Vendor Name: No
 Summarize Labor Distribution: No
 Display Running Balance: Yes