This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
02/27/2018	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20172 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		TDS Broadband Service LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Baja Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152 (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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

ccounting Period:	2017/2	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1 SYSTEM ID
Name	TDS Broadband Service LLC	2578
	Instructions: List each separate community served by the cable system. A "	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter know filings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	r mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First Community	FORT STOCKTON	TX.
Community		
dd Rows as Necessary		
,		

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

TDS Broadband Service LLC

31 EW 10# 25787

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK	< 2	
04750000005050000	NO. OF	DATE	OATEOODY OF OFDIVIOR	NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	783	33.01			
 Service to additional set(s) 					
FM radio (if separate rate)					
Motel, hotel	84	5.99-15.76			
Commercial					
Converter					
Residential	374	3.50-17.00			
Non-residential					
		T			T

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	11.40-19.99	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	29.95-39.96	Burglar protection			
 Additional set(s) 	19.98-24.95	Other services:			
• FM radio (if separate rate)		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	19.98-24.95		
		Move to new address			

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25787

4. LOCATION OF STATION

TDS Broadband Service LLC PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under ECC rules and regulations in effect on June 34, 1981, permitting the carriage of contain pathwork programs [sections]

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

2. B'CAST CHANNEL NUMBER

I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TIPE OF STATION	4. LOCATION OF STATION
KMID	2.1	N	Midland, TX
KOSA	7.1	N	Odessa, TX
KOSA-DT2	7.2	N-M	Odessa, TX
KPEJ	24.1	N	Odessa, TX
KPEJ-DT2	24.2	N-M	Odessa, TX
KWES	9.1	N	Odessa, TX
KWES-DT2	9.2	N-M	Odessa, TX
KUPB	18.1	<u> </u>	Midland, TX
KUPB-DT2	18.2	I-M	Midland, TX
KTLE-LP	20	<u> </u>	Odessa, TX
KENW	3	E	Portales, NM
KPTB-DT	16	<u> </u>	Lubbock, TX

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period:	: 2017/2			FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#				
Name	TDS Broadband Serv	25787						
	PRIMARY TRANSMITTERS:	TELEVISION						
Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis,	entify every television station (including em during the accounting period, except in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.63 explained in the next paragraph. S: With respect to any distant stations care.	f (1) stations carried only on a part-time ne carriage of certain network program 1(e)(2) and (4))]; and (2) certain station	ne basis under ns [sections ons carried on a				
	basis under specific FCC to not list the station he station was carried only of List the station here, and basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the channof license. For example, we Column 3: Indicate in each educational station, by enfifor independent multicast For the meaning of these to Column 4: Give the location of the station of the second column 4: Give the location of the station of the second column 4: Give the location of the station of the stati	basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is identified.						
	4 CALL SIGN	A LOCATION OF STATION						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

25787

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

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

CALL SIGN	AM or EM	S/D	LOCATION OF STATION	CALLSION	AM or EM	C/D	LOCATION OF STATION
				CALL SIGN	AIVI OF FIVI	5/0	LOCATION OF STATION
KFST	ΔΜ	x	Ft.Stockton, TX				
<u> </u>		 ^-	T.Otockion, 1X				
							
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Accounting Perio	d: 2017/2						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
- Itume	TDS Broadband Service	ce LLC						25787
Substitute	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a explanation of the programm	ify <i>every noi</i> ccounting pe	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	etwork televi	sion program	
Program Log	broadcast by a distant sta	tion?				Ĺ	YES	X NO
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							n
	log in block 2.							
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in							tion n. nth ly
	effect on October 19, 1976.					TN CUDOT	TUTE	
	SUBSTITUTE PROGRAM					EN SUBSTI RIAGE OCC		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	ΓIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
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2017/2 LEGAL NAME OF OWNER OF CABLE SYSTEM:				SA1-2E. PAGE SYSTEM II			
TDS Broadband Service LLC				2578			
all amounts (gross receipts) paid to your cable system t (as identified in space E) during the accounting period. page (vii) of the general instructions located in the pape Gross receipts from subscribers for secondary tran	by subscribers for the sy For a further explanation er SA1-2 form. nsmission service(s)	stem's second of how to cor	dary transmission serving transmission serving the this amount, se	vice ee			
			•	21,990.40 gross receipts)			
 Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is Use block 2 if the amount of gross receipts in space K is Use block 3 if the amount of gross receipts in space K is 	s more than \$137,100 bus more than \$263,800 bus	ut less than \$5					
BLOCK 1: GROSS	RECEIPTS OF \$137,1	00 OR LESS					
Instructions: As a cable system with gross receipts of \$137 accounting period is \$52.00	7,100 or less, the royalty fo	ee that you mu	st pay for this six-mont	h			
Line 1. Royalty fee for accounting period			· · · · · · · · · · · · · · · · · · ·				
Line 2. Interest charge. Enter the amount from line 4, space	ce Q, page 8		· · · · · · · · · · · · · · · · · · ·	0.00			
line 3 TOTAL POVALTY EEE DAVABLE FOR ACCOUN	ATING PERIOD Add lines	1 and 2					
Base amount under statutory formula		263,	800.00				
2. Enter amount of gross receipts from space K	<u>\$</u>	221,	990.40				
3. Subtract line 2 from line 1	<u>\$</u>	41,	809.60				
4. Enter the amount of gross receipts from space K		<u>\$</u>	221,990.40	_			
5. Enter the amount from line 3		<u>\$</u>	41,809.60	_			
6. Subtract line 5 from line 4		\$	180,180.80	_			
7. Multiply line 6 by .005 (enter figure here)			<u>\$</u>	900.90			
8. Interest charge. Enter the amount from line 4, space Q,	, page 8		······	0.00			
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING	G PERIOD. Add lines 7 an	nd 8	<u>\$</u>	900.90			
BLOCK 3: GROSS RECEIPTS OF	F MORE THAN \$263,8	00 (but less the	han \$527,600)				
Enter the amount of gross receipts from space K							
Base amount under statutory formula	<u>\$</u>	263,	800.00				
3. Subtract line 2 from line 1	· · · · · · · · · · · · · · · · · · ·						
4. Multiply line 3 by .01		<u> </u>		_			
5. Royalty due on the first \$263,800 of gross receipts (unde	er statutory formula)	<u>\$</u>	1,319.00	_			
6. Interest charge. Enter the amount from line 4, space Q,	, page 8	· · · · · · · <u> </u>	0.00	_			
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
FILING FEE AND TOTA	L REMITTANCE DUE						
Royalty Fee Payable for Accounting Period (from Block	1, 2, or 3, above)	<u>\$</u>	900.90	-			
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		\$	920.90			
	TDS Broadband Service LLC GROSS RECEIPTS Instructions: The figure you give in this space determing all amounts (gross receipts) paid to your cable system ago will of the general instructions located in the pape Gross receipts from subscribers for secondary transluding the accounting period. IMPORTANT: You must complete a statement in space K in Use block 1 if the amount of gross receipts in space K in Use block 1 if the amount of gross receipts in space K in Use block 1 if the amount of gross receipts in space K in Use block 3 if the amount of gross receipts in space K in Use block 3 if the amount of gross receipts in space K in Use block 3 if the amount of gross receipts in space K in Use block 3 if the amount of gross receipts in space K in Use block 3 if the amount of gross receipts in space K in Use block 3 if the amount of gross receipts in space K in Use block 3 if the amount of gross receipts in space K in Use block 3 if the amount of gross receipts in space K in Use block 3 if the amount of gross receipts of \$13 accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space In Base amount under statutory formula 2. Enter amount of gross receipts from space K in Use Interest charge in Interest from space K in Interest the amount from line 1 in Interest the amount from line 3 in Interest charge. Enter the amount from line 4 in Interest charge. Enter the amount from line 4 in Interest charge. Enter the amount from line 4, space Q in Interest charge. Enter the amount from line 4, space Q in Interest charge. Enter the amount from line 4, space Q in Interest charge. Enter the amount from line 4, space Q in Interest charge. Enter the amount from line 4, space Q in Interest charge. Enter the amount from line 4, space Q in Interest charge. Enter the amount from line 4, space Q in Interest charge. Enter the amount from line 4, space Q in Interest charge. Enter the amount from line 4, space Q in Interest charge. Enter the amount from line 4,	TDS Broadband Service LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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. IMPORTANT: You must complete a statement in space P concerning gross receipts of the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts in space K is signated by the complete block 1, block 2, or block 3. Use block 2 if the amount of gross receipts in space K is more than \$137,100 broad to See page (vi) of the general instructions located in the paper SA1-2 form form of more in Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fraccounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS 1. Base amount under statutory formula \$ 2. Enter amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 6. Subtract line 2 from line 1 7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 ar BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 3. Subtract line 2 from line 1 4. Multiply line 6 by .005 (enter figure here) 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5 FILING FEE AND TOTAL REMI	TDS Broadband Service LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount y all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space b) during the accounting period. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. MPORTANT: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royally fee you owe: Complete block 1, block 2, or block 3. Use block 1 fit he 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 \$37,100 but less than or 1 use block 3 if the amount of gross receipts in space K is more than \$33,000 but less than or 2 use block 3 if the amount of gross receipts in space K is more than \$37,100 but less than or 5 use block 3 if the amount of gross receipts in space K is more than \$37,100 but less than or 5 use block 3 if the amount of gross receipts in space K is more than \$37,100 but less than or 1 use block 3 if the amount of gross receipts in space K is more than \$37,100 but less than or 1 use block 3 if the amount of gross receipts in space K is more than \$37,100 but less than or 1 use block 3 if the amount of gross receipts from space K is more than \$37,100 or Less flat (space) in the space K is more than \$37,100 or Less (space) in the space K is the space K is the space K is the space K is 1 use that you muscounting period is \$52.00 Line 1. Royalty fee for accounting period . Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. 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 the 1. 4. Enter the amount of gross receipts from space K . 5. Enter the amount of gross receipts from space K . 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 . BLOCK 3: GROSS RECEIPTS OF	TDS Broadband Service LLC GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (s) during the accounting period. For a further explanation of how to compute this amount, se page (wii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. MPORTATI' You must complete a statement in space P concerning gross receipts. Copyright ROYALTY FEE Instructions: To complete the royalty fee you owe: **Complete block 1, block 2, or block 3.** Use block 1 file 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 \$23,000 but less than or equal to \$23,800 * **Use block 2 if the amount of gross receipts in space K is more than \$23,000 but less than \$527,600 * See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mont accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. 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 \$137,100) 1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K \$ 221,990.40 3. Subtract line 2 from line 1 \$ 41,809.60 4. Enter the amount of gross receipts from space K \$ \$ 221,990.40 5. Enter the amount of gross receipts from space K \$ \$ 221,990.40 5. Enter the amount of gross receipts from space K \$ \$ 221,990.40 6. Interest charge. Enter the amount from line 4, space Q, page 8 \$ 0.00 1. Enter the amount			

: 2017/2				FORM SA1-2E. PAGE 7
				SYSTEM ID# 25787
to its subscribers, and 1. Enter the total numb system carried televis 2. Enter the total numb on which the cable sy	(2) the cable system's to er of channels on which sion broadcast stations. er of activated channels retem carried television b	number of activated channels duri e cable	ng the accounting period.	287
		INFORMATION IS NEEDED (Iden	tify an individual to whom	
Name Pec	gy Smykal		Telephone	(802) 485-9748
(Num	ber, street, rural route, apartm			
Email		m.com	Fax (optional)	
Owner othe (Owner othe (Agent of owner in line 1 of the interest of the int	r than corporation or par refer other than corporation of space B and that the own partner) I am an officer (if a space B. attement of account and he correct to the best of my k 1(1986)]	but only one, of the boxes.) nership) I am the owner of the cable and or partnership) I am the duly author is not a corporation or partnership; corporation) or a partner (if a partnership) declare under penalty of law that owledge, information, and belief, and when the signature on the line atter signature using an "/s/ signature" Amanda K. Moore ssistant Treasurer	system as identified in line 1 of space B prized agent of the owner of the cable sy or ship) of the legal entity identified as owner all statements of fact contained herein are made in good faith. above to certify this statement. (e.g., /s/ John Smith)	rstem as identified
	LEGAL NAME OF OWNER TDS Broadband Ser CHANNELS Instructions: You must to its subscribers, and 1. Enter the total numb system carried televise. 2. Enter the total numb on which the cable sy and nonbroadcast se. INDIVIDUAL TO BE C we can contact about to the capter of the capter	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of ct to its subscribers, and (2) the cable system's total 1. Enter the total number of channels on which th system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels during the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Iden we can contact about this statement of account.) Name Peggy Smykal Address 24 Depot Square, Unit 2 (Number, street, rural route, apartment, or suite number) Northfield, VT 05663 (City, town, state, zp) Email finance@tdstelecom.com CERTIFICATION (This statement of account must be certified and signed in accordant and 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. (Agent of owner other than corporation or partnership) I am the duly author in line 1 of space B and that the owner is not a corporation or partnership in line 1 of space B. 1 I have examined the statement of account and hereby declare under penalty of law that are true, complete, and correct to the best of my knowledge, information, and belief, and [18 U.S.C., Section 1001(1986)] X /s/ Amanda K. Moore Enter an electronic signature on the line Enter signature using an "/s/ signature" Typed or printed name: Amanda K. Moore Title: Assistant Treasurer (Title of official position held in corporation or partnership) and the opporation or partnership.	LEGAL NAME OF OWNER OF CABLE SYSTEM TDS Broadband Service LLC 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. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Peggy Smykal Telephone Address 24 Depot Square, Unit 2 (Number, steer, steer, sure route, speriment, or auto-rumber) Northfield, VT 05663 (City, town, steer, str) Email finance@idstelecom.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, 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 in line 1 of space B and that the owner is not a corporation or partnership; or (Office or partner) I am an officer (if a corporation) or a partner (if a partnership; or in line 1 of space B and that the owner is not a corporation or partnership; or (Office or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership; or (Office or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a corporation or partnership; or the legal entity identified as own in line 1 of space B. I have examined the statement of account and hereby declare under pe

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 the 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 telephon 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 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

ounting Period: 2017/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
S Broadband Service LLC	25787
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 Special Statement Concerning Gross
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO YES. Enter the total here and list the satellite carrier(s) below	
TEO. Effect the total field and list the satellite damet(s) below	
Name Mailing Address Mailing Address	
Line 1 Enter the amount of late payment or underpayment x Line 2 Multiply line 1 by the interest rate* and enter the sum here x days	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* 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.	
** 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 First community served Accounting period	

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