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						
\$	FOR COPYRIGHT OFFICE USE ONLY					
02/27/2018	DATE RECEIVED	AMOUNT				
	02/27/2018	7				

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:
	<u> </u>	MAILING ADDRESS OF CABLE SYSTEM:
		INIAILING ADDICESS OF CARLE STOTEM.
	2	(Number, street, rural route, apartment, or suite number)
		(City, fown, 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.

Name TD Insi Use Sign of the second s	CITY OR TOWN CORTEZ CS Broadband Service LLC Tructions: List each separate community served by the cable system. A "c separate and distinct community or municipal entity (including unincorpo crete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the "first community." Please use it as the first community on all future fit te: Entities and properties such as hotels, apartments, condominiums, or entified city. CITY OR TOWN CORTEZ	orated communities within unincorporated areas and including single nat you list will serve as a form of system identification hereafter kno ilings.
D "a s disc as t Noi served ide	tructions: List each separate community served by the cable system. A "c separate and distinct community or municipal entity (including unincorpo crete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th the "first community." Please use it as the first community on all future fite: Entities and properties such as hotels, apartments, condominiums, or entified city. CITY OR TOWN	community" is the same as a "community unit" as defined in FCC rule orated communities within unincorporated areas and including single nat you list will serve as a form of system identification hereafter knowlings. mobile home parks should be reported in parentheses below the STATE
D "a g disc as t Not served ide	separate and distinct community or municipal entity (including unincorpo crete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the the "first community." Please use it as the first community on all future fite: Entities and properties such as hotels, apartments, condominiums, or entified city. CITY OR TOWN	orated communities within unincorporated areas and including single nat you list will serve as a form of system identification hereafter knowlings. mobile home parks should be reported in parentheses below the STATE
Served ide	city or town	STATE
Served ide	CITY OR TOWN	
	CORTEZ	CO
Community		
I Rows as Necessary		
. How as recessary		

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

SYSTEM ID# 26805

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	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
Service to first set	422	39.95	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel	277	5.87-14.24	
Commercial			
Converter			
Residential	642	3.5-5.95	
Non-residential			
		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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RA	λΤΕ
Continuing Services:		Installation: Non-residential			
 Pay cable 	7.4-19.99	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 	29.95-49.95	Burglar protection			
 Additional set(s) 	17.99-29.99	Other services:			
• FM radio (if separate rate)		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	10 or 49.95		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 26805

TDS Broadband Service LLC PRIMARY TRANSMITTERS: TELEVISION

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

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 paper 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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KOAT	7.1	N	Albuquerque, NM
KREZ	6.1	N	Durango, CO
KBIM-DT2	10.2	N-M	Roswell, NM
KOBF	12.1	N	Farmington, NM
KUSA	9.1	N	Denver, CO
KLUZ	14.1	<u>l</u>	Albuquerque, NM
KASA	2.1	l	Santa Fe, NM
KRMJ	18.1	E	Grand Junction, CO
KRPV-DT	27.1	<u>l</u>	Roswell, NM

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	26805		
	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, a	entify every television station (including em during the accounting period, excep in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63) explained in the next paragraph. Solution:	t (1) stations carried only on a part-time the carriage of certain network programe (1); and (2) certain station	ne basis under ns [sections ons carried on a
	• Do not list the station her station was carried only or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eacl educational station, by enter (for independent multicast) For the meaning of these to	also in space I, if the station was carrie on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination of with a station according to its over-the the form. The left of the FCC assigned to the televial of the station is a network ering the letter "N" (for network), "N-M" or "E" (for noncommercial educational), werms, see page (iv) of the general instruction of the station is a network ering, see page (iv) of the general instruction.	d both on a substitute basis and also on a see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a more of the station of t	on some other ns. I, etc. Identify each multistream le air in its community loncommercial lident), "I-M" lial multicast).
		on of each station. For U.S. stations, list adian stations, if any, give the name of t	•	•
	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

26805

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 FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
IN/A	 						
	 						
	 						
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Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	TDS Broadband Service		ГЕМ:					SYSTEM ID# 26805
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program entered and broadcast by a distant station?							m carried on a For a further 2 form. NO n
	Column 7: Enter the letter to delete under FCC rules at was substituted for program effect on October 19, 1976.	nd regulation ming that y	ons in effect du our system wa	ring the accounting perions permitted to delete und	od; enter the le der FCC rules a	tter "P" if the	e listed progr ons in	am
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		TIMES TO	7. REASON FOR DELETION
		·						

Accounting Period:	2017/2			FORM S	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC			5	SYSTEM ID
17	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a	and the amo	ount you pay. F	Enter the total	2680 5
K Gross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	system's s	econdary trans	mission servi	ce
	during the accounting period			-	63,991.86 ross receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-month	1
	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 lin	nes 1 and 2		· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K			•	
	3. Subtract line 2 from line 1			•	
	Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	263,991.86		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	191.86		
	4. Multiply line 3 by .01		\$	1.92	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	• • • • • • • • • • • • • • • • • • • •	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .		\$	1,320.92
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,320.92	
Due	Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
1	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,340.92
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		_		ghts!

Accounting Period:	2017/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF C				SYSTEM ID# 26805
M Channels	to its subscribers, and (2) the 1. Enter the total number of c system carried television br 2. Enter the total number of a on which the cable system of	cable system's total number channels on which the cable coadcast stations		period.	267
N Individual to Be Contacted	INDIVIDUAL TO BE CONTA we can contact about this sta		RMATION IS NEEDED (Identify an individual to	whom	
for Further Information	Name Peggy S	Smykal		Telephone (802) 485-97	48
	(Number, stre	et Square, Unit 2 set, rural route, apartment, or suited, VT 05663	ite number)		
		finance@tdstelecom.com	m Fax (o _t	otional)	
O Certification	Owner other than (Agent of owner other in line 1 of space X (Officer or partner in line 1 of space I have examined the statemer are true, complete, and correct [18 U.S.C., Section 1001(1986)]	corporation or partnership ther than corporation or partnership the B and that the owner is not the B and that the owner is not to I am an officer (if a corporate B. Int of account and hereby deel to the best of my knowledge) There are the corporation of the cor	p) I am the owner of the cable system as identified artnership) I am the duly authorized agent of the cost a corporation or partnership; or ation) or a partner (if a partnership) of the legal enticlare under penalty of law that all statements of faire, information, and belief, and are made in good for a legal enticlared in the line above to certify this nature using an "/s/ signature" (e.g., /s/ John Smith Amanda K. Moore Amanda K. Moore tant Treasurer on held in corporation or partnership)	in line 1 of space B; or wner of the cable system as identified ity identified as owner of the cable sys et contained herein ith.	
		Date:	26 Feb	ruary 2018	

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ounting Period: 2017/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
S Broadband Service LLC	26805
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	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -
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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