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 COPYRIGE	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/27/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (V)	(VV/(Period))	

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20172 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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.	
		Madison, WI 53717-2152 (City, town, state, zip)	
	INCT		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	5
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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	TDS Broadband Service LLC	29120
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorp 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	community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
		01175
First	CITY OR TOWN Cedar City	UT
Community	Iron County	UT
-		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE
Name	TDS Broadband Service								2912
Е	SECONDARY TRANSMISSION			-	-				
L	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							g en ale	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the ne								
Rales	separately for the particular serv							chargeu	
	Rate: Give the standard rate c	harged for eac	h categ	ory of service. I	nclude bo	th the amount o	f the charg		
	unit in which it is generally billed	· · ·			ny standai	rd rate variations	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of ser	ondary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					I in the count un	der "Servi	ce to the	
	Block 2: If your cable system I					service that are	different f	rom those	
	printed in block 1 (for example, t	iers of services	that in	clude one or mo	ore second	dary transmissio	ns), list th	em, together	
	with the number of subscribers a	ind rates, in the	e right-h	and block. A tw	o- or thre	e-word descripti	on of the s	service is	
	sufficient.	DCK 1					BLOC	K 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		1 1 0 6	20.25					
	Service to first set Service to additional act/a)		1,186	39.25					
	Service to additional set(s) EM radio (if concrete rate)								
	• FM radio (if separate rate) Motel, hotel		182	5.99-14.23					
	Commercial		102	5.55-14.25					
	Converter								
	Residential		918	3.5-17					
	Non-residential		0.0	0.0 17					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
F	In General: Space F calls for rat	·	,		•	, ,			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services		,		0				
Other Than	amount of the charge and the un		usually	billed. If any ra	tes are ch	arged on a varia	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the		ha aabl	a avatam far aa	ab af tha		an lintad		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and inclue	le the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	7.4-19.99		tel, hotel					
	Pay cable—add'l channel			mmercial					
	Fire protection			y cable	oppel				
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential	E0.00		e protection					
	First set	53.00		rglar protection					
	Additional set(s) EM radio (if sonarato rato)	\$10-\$53		services:		25.00			
	 FM radio (if separate rate) 			connect		25.00			
	Convertor			connoct					
	Converter		-	connect tlet relocation		53.00			

nting Period: 2	-			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER C			SYSTEM 29
	TDS Broadband Serv			LJ
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the location	entify every television station (including t em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog I(e)(2) and (4))]; and (2) certain st rried by your cable system on a si e Special Statement and Program both on a substitute basis and al- see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program in Log)—if the so on some other ctions. BPN, etc. Identify each bort multistream in the air in its community a noncommercial pendent), "I-M" tional multicast). in is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	ктух	4.1	N	Salt Lake City, UT
	KTVX-DT2	4.2	N	Salt Lake City, UT
	κυτν	2.1	Ν	Salt Lake City, UT
	KSL	5.1	Ν	Salt Lake City, UT
ws as Necessary	KSL-DT2	5.2	N-M	Salt Lake City, UT
	KSL-DT3	5.3	N-M	Salt Lake City, UT
	KSTU	13.1	Ν	Salt Lake City, UT
	KSTU-DT2	13.2	N-M	Salt Lake City, UT
	KUCW	30.1	I	Ogden, UT
	KMYU	12.1	I	St. George, UT
	KBYU	11.1	E	Provo, UT
	KUED	7.1	E	Salt Lake City, UT
	KUEN	9.1	Е	Ogden, UT
	KJZZ	14.1	I	Salt Lake City, UT
	KJZZ-DT3	14.3	I-M	Salt Lake City, UT
	KUPX	16.1	I	Provo, UT
	KCSG	4.1	I	Coder City, UT
		4.1		Cedar City, UT
		4.1	•	
		4.1	•	
		4.1	•	
		4.1		
		4.1		

				SYSTEM I
Name	LEGAL NAME OF OWNER OF			2912
	TDS Broadband Serv			231/
	PRIMARY TRANSMITTERS:	TELEVISION		
G	In General: In space G, ide	entify every television station (including	translator stations and low power tele	evision stations)
G		m during the accounting period, exception		
Primary		in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6		
ransmitters:		s explained in the next paragraph.		
Television		: With respect to any distant stations ca	arried by your cable system on a subs	stitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (tl	he Special Statement and Program L	og) if the
	station was carried only on		ne Special Statement and Frogram Lo	
	-	also in space I, if the station was carried	d both on a substitute basis and also	on some other
		on concerning substitute basis stations,		
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	•	
	"WETA-2" as the same on t	0	e-all designation. For example, repor	l multistream
		el number the FCC assigned to the tele	evision station for broadcasting over th	ne air in its community
		/RC is channel 4 in Washington, D.C.		
		a case whether the station is a network	•	
		ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c		
		erms, see page (iv) of the general instru		nai municasi).
		n of each station. For U.S. stations, list	the community to which the station is	s licensed by the
		dian stations, if any, give the name of t		
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	he community with which the station i	s identified.
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	he community with which the station i	s identified.
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	he community with which the station i	s identified.
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	he community with which the station i	s identified.
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	FCC. For Mexican or Cana	dian stations, if any, give the name of t	he community with which the station i	s identified.
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	he community with which the station i	s identified.
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	he community with which the station i	s identified.

EGAL NAME OF			(SIEM:					SYSTEM I 291
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C	it is carried b monitoring, to prmation about rm. dentify the call state whether to the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the the static tion's sig g a checl n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ant this point, see pa sed by the cable he station is licen	eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC	2) it can ertain si jeneral i eparate	be expected, rated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		OALL SIGN		3,0		
/A								
					·			

	od: 2017/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	TDS Broadband Service	ce LLC						29120
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	3			
	In General: In space I, ident					on. that your c	able svste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or autho	orizations.	For a further
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the p	aper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	iod, did you	ir cable system	carry, on a substitute basi	s, any nonne	work televisio	n program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete th	ne prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their m	neaning is	
	clear. If you need more spa Column 1: Give the title			rows to the tables. ision program ("substitute p	program") tha	t during the a	ccountina	
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitute	d for the prog	ramming of an	other stat	tion
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further ir	nformatior	۱.
	Do not use general categor "NBA Basketball: 76ers vs.		vies of baske	tball. List specific program	i titles, for exa	ample, "I Love	LUCY OF	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra			00	
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute p			h the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."	Example. a	a program carri		o p.m. to 0.2	0.00 p.m. 5h00		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			na regulations	,	
								1
	S	UBSTITUT		1		N SUBSTITU		7. REASON FOR
		UBSTITUT 2. LIVE?	TE PROGRAM 3. STATION'S	1		AGE OCCUF 6. TIM	RRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	CARRI	AGE OCCUF	RRED	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1

Accounting Period:	2017/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	TDS Broadband Service LLC			29120
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho 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.	secondary trans w to compute thi	mission servic s amount, see	ce 0,206.91
	COPYRIGHT ROYALTY FEE			
Copyright	 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informat 	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that 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			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but r	nore than \$137,	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	220,206.91		
	3. Subtract line 2 from line 1	43,593.09		
	4. Enter the amount of gross receipts from space K	. \$ 2	20,206.91	
	5. Enter the amount from line 3	. \$	43,593.09	
	6. Subtract line 5 from line 4	\$ 1	76,613.82	
	7. Multiply line 6 by .005 (enter figure here)		\$	883.07
	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		\$	883.07
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	it less than \$527	7,600)	
	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 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		· · ·	
	 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 	·····		
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	883.07	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	903.07
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form for	-		jhts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 29120
M Channels	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	24
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	276
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Peggy Smykal Telephone	(802) 485-9748
	Address 24 Depot Square, Unit 2 (Number, street, rural route, apartment, or suite number) Northfield, VT 05663 (City, town, state, zip)	
	Email finance@tdstelecom.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system	
	 (vigent of owner other than corporation of partnership) rain the duty authorized agent of the owner of the cable sy 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 own 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 true, 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)] X /s/ Amanda K. Moore 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: Amanda K. Moore Title: Assistant Treasurer (Title of official position held in corporation or partnership)	
	Date: 26 February 2018	

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 telephol 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 t 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 lav

unting Period: 2017/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Broadband Service LLC	291
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." 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. 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 Special Statemen Concerning Gros Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	$\mathbf{\cap}$
For an explanation of interest assessment, see page (VIII) of the general instructions located in the paper SA1-2 form.	
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