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 COPYRIGH	HT 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> For additional information.
General instructions are located in the first tab of this workbook	02/27/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20172 Barcode Data Filing Period (optional - see instructions)
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.
	x	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
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	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	_
D	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated cor	nmunities within unincorporated areas and including single,
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	MEAD	CO
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	TDS Broadband Service	LLC							
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIP	BERS AND RA	TES				
E	In General: The information in s			-	-	y transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission	last day of the accounting period							hadron	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi	ice at the rate in	ndicated	I-not the num	ber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny standa	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block				ies of sec	ondarv transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	der "Servio	ce to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	right-ha	and block. A tw	vo- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
			194	46.05					
	Service to first set		194	46.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter		54	44.05					
	Residential		51	14.95					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
Transmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				SHEU. LISU				
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-res					
	• Pay cable	14.95	• Mote	el, hotel					
	Pay cable—add'l channel	10.00	• Con	nmercial					
	Fire protection		• Pay	cable					<u> </u>
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set			lar protection					
	 Additional set(s) 			ervices:					
	• FM radio (if separate rate)			onnect					
	Converter			connect					
			• ()) (*)	et relocation					
				et relocation	ess				

Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	TDS Broadband Serv			
G rimary ismitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- Do <i>not</i> list the station her station was carried <i>only</i> or List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried 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	t (1) stations carried only on a part-tin ne carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati- arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPI e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- per "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial undent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КМСН	7.1	N	Denver, CO
	KMGH-DT2	7.2	N-M	Denver, CO
	KMGH-DT3	7.3	N-M	
	KMGH-DT3 KCNC	7.3	<u>N-M</u>	Denver, CO
as Necessary	KCNC	4.1	N	Denver, CO Denver, CO
; as Necessary	KCNC KCNC-DT2	4.1 4.2	N N-M	Denver, CO Denver, CO Denver, CO
s as Necessary	KCNC KCNC-DT2 KUSA	4.1 4.2 9.1	N N-M N	Denver, CO Denver, CO Denver, CO Denver, CO
as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2	4.1 4.2 9.1 9.2	N N-M N N-M	Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO
; as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3	4.1 4.2 9.1 9.2 9.3	N N-M N N-M N-M	Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO
as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3 KDVR	4.1 4.2 9.1 9.2 9.3 31.1	N N-M N N-M N-M N	Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO
as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3 KDVR KDVR-DT2	4.1 4.2 9.1 9.2 9.3 31.1 31.2	N N-M N-M N-M N-M N-M	Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO
: as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3 KDVR KDVR-DT2 KRMA	4.1 4.2 9.1 9.2 9.3 31.1 31.2 6.1	N N-M N N-M N-M N N-M E	Denver, CODenver, CO
s as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3 KDVR KDVR-DT2 KRMA KBDI	4.1 4.2 9.1 9.2 9.3 31.1 31.2 6.1 12.1	N N-M N-M N-M N-M N-M E E E	Denver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, COBrowr, COBroomfield, CO
s as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3 KDVR KDVR-DT2 KRMA KBDI KBDI-DT2	4.1 4.2 9.1 9.2 9.3 31.1 31.2 6.1 12.1 12.2	N N-M N-M N-M N-M E E E E	Denver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, COBrowfield, COBroomfield, CO
s as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3 KDVR KDVR-DT2 KRMA KBDI KBDI-DT2 KBDI-DT3	4.1 4.2 9.1 9.2 9.3 31.1 31.2 6.1 12.1 12.2 12.3	N N-M N N-M N-M N-M E E E E E E E	Denver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, COBrowr, COBroomfield, COBroomfield, CO
ıs as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3 KDVR KDVR-DT2 KRMA KBDI KBDI-DT2 KBDI-DT2 KBDI-DT3 KPXC	4.1 4.2 9.1 9.2 9.3 31.1 31.2 6.1 12.1 12.2 12.3 59.1	N N-M N-M N-M N-M E E E E	Denver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, COBrowfield, COBroomfield, COBroomfield, COAurora, CO
vs as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3 KDVR KDVR-DT2 KRMA KBDI KBDI-DT2 KBDI-DT3 KPXC KWGN	4.1 4.2 9.1 9.2 9.3 31.1 31.2 6.1 12.1 12.2 12.3 59.1 2.1	N N-M N-M N-M N-M N-M E E E E E E I I	Denver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, COBrowr, COBroomfield, COBroomfield, COBroomfield, COBroomfield, CODenver, CODenver, CO
ıs as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3 KDVR KDVR-DT2 KRMA KBDI KBDI-DT2 KBDI-DT3 KPXC KWGN KWGN-DT2	4.1 4.2 9.1 9.2 9.3 31.1 31.2 6.1 12.1 12.2 12.3 59.1 2.1 2.1 2.2	N N-M N-M N-M N-M E E E E E E E H E -M I I I I I I I	Denver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, COBrowr, COBroomfield, COBroomfield, COBroomfield, COBroomfield, CODenver, CODenver, CO
/s as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3 KDVR KDVR-DT2 KRMA KBDI-DT2 KBDI-DT3 KPXC KWGN KWGN-DT2 KWGN-DT3	4.1 4.2 9.1 9.2 9.3 31.1 31.2 6.1 12.1 12.2 12.3 59.1 2.1 2.2 2.3	N N-M N-M N-M N-M N-M E E E E E E I I	Denver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, COBrowfield, COBroomfield, COBroomfield, COBroomfield, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, COBroomfield, COBroomfield, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CO
vs as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3 KDVR KDVR-DT2 KRMA KBDI KBDI-DT2 KBDI-DT3 KPXC KWGN KWGN-DT2 KWGN-DT2 KWGN-DT3 KTVD	4.1 4.2 9.1 9.2 9.3 31.1 31.2 6.1 12.1 12.2 12.3 59.1 2.1 2.2 2.3 20.1	N N-M N-M N-M N-M E E E E-M I I I I I I I I M I M	Denver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, COBroomfield, COBroomfield, COBroomfield, COBroomfield, CODenver, CODenver, CODenver, CODenver, COBroomfield, COBroomfield, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CO
vs as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3 KDVR KDVR-DT2 KRMA KBDI-DT2 KBDI-DT3 KPXC KWGN KWGN-DT2 KWGN-DT3	4.1 4.2 9.1 9.2 9.3 31.1 31.2 6.1 12.1 12.2 12.3 59.1 2.1 2.2 2.3	N N-M N-M N-M N-M E E E E E E E H E -M I I I I I I I	Denver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, COBrowr, COBroomfield, COBroomfield, COBroomfield, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, COBroomfield, COBroomfield, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CO
vs as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3 KDVR KDVR-DT2 KRMA KBDI KBDI-DT2 KBDI-DT3 KPXC KWGN KWGN-DT2 KWGN-DT2 KWGN-DT3 KTVD	4.1 4.2 9.1 9.2 9.3 31.1 31.2 6.1 12.1 12.2 12.3 59.1 2.1 2.2 2.3 20.1	N N-M N-M N-M N-M E E E E-M I I I I I I I I M I M	Denver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, COBroomfield, COBroomfield, COBroomfield, COBroomfield, CODenver, CODenver, CODenver, CODenver, COBroomfield, COBroomfield, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CO
vs as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3 KDVR KDVR-DT2 KRMA KBDI KBDI-DT2 KBDI-DT3 KPXC KWGN KWGN-DT2 KWGN-DT2 KWGN-DT3 KTVD	4.1 4.2 9.1 9.2 9.3 31.1 31.2 6.1 12.1 12.2 12.3 59.1 2.1 2.2 2.3 20.1	N N-M N-M N-M N-M E E E E E E E I I I I I I I I I I I I	Denver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, COBroomfield, COBroomfield, COBroomfield, COBroomfield, CODenver, CODenver, CODenver, CODenver, COBroomfield, COBroomfield, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CO
vs as Necessary	KCNC KCNC-DT2 KUSA KUSA-DT2 KUSA-DT3 KDVR KDVR-DT2 KRMA KBDI KBDI-DT2 KBDI-DT3 KPXC KWGN KWGN-DT2 KWGN-DT2 KWGN-DT3 KTVD	4.1 4.2 9.1 9.2 9.3 31.1 31.2 6.1 12.1 12.2 12.3 59.1 2.1 2.2 2.3 20.1	N N-M N-M N-M N-M E E E E E E E I I I I I I I I I I I I	Denver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, COBroomfield, COBroomfield, COBroomfield, COBroomfield, CODenver, CODenver, CODenver, CODenver, COBroomfield, COBroomfield, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CODenver, CO

	LEGAL NAME OF OWNER OF			SYSTEM
Name				JIJILWI
	TDS Broadband Servi			
	PRIMARY TRANSMITTERS:			
G		entify every television station (including		
U		m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t		
Primary		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 c les, regulations, or authorizations:	arried by your cable system on a subs	situte program
		e in space G—but do list it in space I (t	he Special Statement and Program Lo	og)—if the
	station was carried only on			
		also in space I, if the station was carrie on concerning substitute basis stations		
		n's call sign. <i>Do not</i> report origination		
		d with a station according to its over-the	e-air designation. For example, report	t multistream
	"WETA-2" as the same on t	the form. 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.	subor station for broadcasting over th	
		case whether the station is a network	•	
		ring the letter "N" (for network), "N-M"		
	(for independent multicast),	"E" (for noncommercial educational),	or "E-M" (for noncommercial education	
	(for independent multicast), For the meaning of these te	"E" (for noncommercial educational), erms, see page (iv) of the general instru	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form.	nal multicast).
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is	nal multicast). s licensed by the
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), erms, see page (iv) of the general instru	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is	nal multicast). s licensed by the
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is	nal multicast). s licensed by the
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is he community with which the station is	nal multicast). Icensed by the s identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is	nal multicast). s licensed by the
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is he community with which the station is	nal multicast). Icensed by the s identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is he community with which the station is	nal multicast). Icensed by the s identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is he community with which the station is	nal multicast). Icensed by the s identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is he community with which the station is	nal multicast). Icensed by the s identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is he community with which the station is	nal multicast). Icensed by the s identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is he community with which the station is	nal multicast). Icensed by the s identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is he community with which the station is	nal multicast). Icensed by the s identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is he community with which the station is	nal multicast). Icensed by the s identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. t the community to which the station is he community with which the station is	nal multicast). Icensed by the s identified.
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all-band basis wi Special Instruct receivable if (1) is on the basis of n For detailed infor paper SA1-2 for Column 1: Ide Column 2: St Column 3: If is signal, indicate ti Column 4: Gi	every radio si hose signals w tions Concer it is carried by nonitoring, to rmation about m. entify the call tate whether the the radio statii his by placing ive the station	tation ca were ge rning AI v the sys be receit t the Co sign of the static on's sign a check 's locati	arried on a separate and discr nerally receivable by your cal II-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. ion (the community to which the the community with which the	ble system during Copyright Office in at the system's he system's FM anter this point, see particle sed by the cable so he station is licen	the accountir regulations, ar eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	ng perioo n FM sig 2) it can ertain st eneral ii eparate	d. Inal is generally be expected, ated intervals. Instructions in the. and discrete	H Primary Transmitters Radio
eceivable if (1) i n the basis of n for detailed info aper SA1-2 forr Column 1: Ide Column 2: St Column 3: If f ignal, indicate t Column 4: Gi fexican or Cana	it is carried by nonitoring, to rmation about m. entify the call tate whether th the radio stati his by placing ive the stations	v the sys be recei t the Cc sign of c he static on's sig a checl i's locati s, if any,	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. ion (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general in eparate	be expected, rated intervals. Instructions in the.	Transmitters
CALL SIGN	AM or FM	S/D		-				
			LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	TDS Broadband Servic	e LLC						0
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, identi				•	ion that your ca	ahle syste	m carried on a
•	substitute basis during the a							
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 pa	aper SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev <u>ision</u>	program	<u> </u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
i rogiani 20g	Note: If your answer is "No'	leave the	rest of this nac	e blank. If your answer is '	'Yes " vou mi	ist complete the	-	
		, leave the			res, you me		c program	1
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their me	eaning is	
	clear. If you need more spa	ce, please a	add additional i	rows to the tables.			-	
				ision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categori							-
	"NBA Basketball: 76ers vs.							
				r "Yes." Otherwise enter "N Isting the substitute progra				
				ne community to which the		nsed by the FC	CC or, in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is ider	ntified).		
			when your sys	tem carried the substitute	orogram. Use	numerals, with	n the mon	th
	first. Example: for May 7 giv		substitute pro	gram was carried by your	cable system	List the times	accuratel	M
	to the nearest five minutes.							у
	stated as "6:00–6:30 p.m."					·		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.					ind rogulations		
			E PROGRAM	1		N SUBSTITU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
						_		
						_		
						_		
						-		
]					

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	TDS Broadband Service LLC		0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission servic s amount, see	e 3,953.08
	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 but less than or equal to 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 located in the paper SA1-2 form for more information. 	\$263,800	
	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 accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	\$	52.00
	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		
	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		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID#
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 . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . on which the cable system carried television broadcast stations and nonbroadcast services .	20 85
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 Addres	
	(City, town, state, zip) Email finance@tdstelecom.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	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;	or
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sysin line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner 	
	 X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned 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)] 	i of the cable system
	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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law

unting Period: 2017/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Broadband Service LLC	
 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 su scribers 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 transmission made by satellite carriers to satellite dish owners? NO 	ub- Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
Very much a smallete this considerest for the second state of the	
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.	
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