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	IT 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	09/22/2049	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook	08/22/2018	ALLOCATION NUMBER	Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YYY/(Period))	

~	ACCU	JUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period	a))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = .	July 1 - December 31	
		20181 Barcode Data Filing Period (optional - see instruction	ons)	
Accounting Period				
		Instructions:		
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another of the subsidiary, not that of the parent corporation.	corporation, give the full corporate title	
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 single statement of account and royalty fee payment covering the entire accounting period.	e accounting period should submit a	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the L	icensing Division.	10034
		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		CUCTIONS: In line 1, give any business or trade names used to identify the busines already appear in space B. In line 2, give the mailing address of the system, if c		
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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	10034
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	TRUTH OR CONSEQUENCES	NM
Community	SIERRA WILLAMSBURG	NM
dd Rows as Necessary	WILLAMSBORG	NW
du Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name	TDS Broadband Service							010	1003
E Secondary Transmission	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period	pace E should on of television bay cable) in sp I (June 30 or D	cover a and rad ace F, ecembe	III categories of dio broadcasts I not here. All the er 31, as the ca	secondar by your sy facts you se may be	stem to subscrib state must be to).	oers. Give nose existi	information ng on the	
Service: Sub- scribers and Rates	Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc	y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2	service is in that indicate h categ 20/mth"	. In general, you at category (the id—not the num ory of service. I). Summarize a	u can com number o ber of set nclude bo	pute the numbe f persons or org s receiving servi th the amount o	r of subscr anizations ce). f the charg	ibers in charged e and the	
	Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	e to their subsc e: Where an inc	ribers. (dividual	Give the numbe or organizatior	r of subsc i is receivi	ribers and rate fing service that f	or each lis alls under	ted category different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to a once again und has rate catego iers of services	addition er "Serv ories for that in	al sets would b vice to additiona secondary trar clude one or mo	e included al set(s)." nsmission ore second	in the count un service that are dary transmissio	der "Servic different fr ns), list the	e to the om those em, together	
	BL	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:				0, (1)				
	 Service to first set 		454	39.70					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel		83	8.47-13.22					
	Commercial								
	Converter Residential		230	3.50-17.00					
	Non-residential		230	3.30-17.00					
F Services Other Than	SERVICES OTHER THAN SEC In General: Space F calls for rad not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur	e (not subscrib hose services t e two exceptio or facilities furn	ber) info that are ns: you hished to	rmation with re- not offered in of do not need to o nonsubscribe	spect to al combination give rate rs. Rate in	n with any seco information cond formation shoul	ndary tran: erning (1) d include b	smission services ooth the	
Secondary ransmissions: Rates	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by th your cable system separate charg	he cabl stem fui le was r	e system for ea mished or offere made or establis	ch of the a ed during f	applicable servic the accounting p	es listed. eriod that	were not	
		BLO			"		<u></u>	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RAT
	Pay cable	7.40-19.99		itel, hotel	lucilliai				
	Pay cable—add'l channel			mmercial					
	• Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	First set	29.95-54.95		rglar protection					
	 Additional set(s) 	17.95-24.95		services:					
	• FM radio (if separate rate)		_	connect		25.00			
	Converter			sconnect		47.05.04.05			
				tlet relocation		17.95-24.95			
			• 10/1/2	ve to new addr	222				

-			FORM SA1-2E. PAC
			SYSTEM 100
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 here station was carried <i>only</i> on List the station here, and basis. For further information Column 1: List each station multicast stream associated "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	m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. 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 the form. el number the FCC assigned to the teled (RC is channel 4 in Washington, D.C. n 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- n of each station. For U.S. stations, list	(1) stations carried only on a part- e carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educated actions in the paper SA1-2 form. the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KOAT	7.1	N	Albuquerque, NM
KOAT-DT2	7.2	N-M	Albuquerque, NM
KOAT-DT3	7.3	N-M	Albuquerque, NM
KRQE	13.1	Ν	Albuquerque, NM
KBIM-DT2	10.2	N-M	Roswell, NM
KOBR	8.1	N	Roswell, NM
KOBR-DT2	8.2	N-M	Roswell, NM
KLUZ	14.1	I	Albuquerque, NM
KUPT	29.1	l	Hobbs, NM
KUPT-DT2	29.2	I-M	Hobbs, NM
KTEL	15.1	l	Hobbs, NM
KRTN	29.3	l	Hobbs, NM
KASA	2.1	l	Santa Fe, NM
K42EY-D	42.1	E	Las Cruces, NM
KRPV-DT	27.1	l	Roswell, NM
K45IL-D	45.1	N-M	Hobbs, NM
	TDS Broadband Serv PRIMARY TRANSMITTERS: In General: In space G, idd carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute Basis Stations basis under specific FCC rules basis under specific FCC rules basis under specific FCC rules basis under specific FCC rules basis under specific FCC rules basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channolitic of license. For example, WC Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these the Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN KOAT KOAT-DT2 KOBR KOBR-DT2 KUPT KUPT-DT2 KTEL KRTN KASA K42EY-D KRPV-DT	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including carried by your cable system during the accounting period, except FCC rules and regulations in effect on June 24, 1981, permitting the 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.63 (statistic) to 76.63 (referring to 76.63 (referring to 76.63 (referring to 76.63 (referring to 76.64 (referering to 76.64 (referring to 76.64 (referring to 76.64	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power to carried by your cable system during the accounting period. except (1) stations carried only on a part-FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network progr. 76.56(4)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain statiotistic transport cable system on a substitute Basis stations; with respect to any distant stations carried by your cable system on a subsist under specific FCC rules, regulations, or authorizations: • Do not list the station here, and also in space I, if the station was carried both on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis. • Use 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. • Column 2: Give the channel number the FCC assigned to the television station for broadcasting over of license. For example, MC 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 educational, by entering the letter 'N' (for network, N-M' (for network multicas), I''' (for independent multicas), D'''' (for independent multicas), T'''''' (for independent multicas), T''''''''''''''''''''''''''''''''''''

-				OVOTEM ID
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	TDS Broadband Servi	ce LLC		1003
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including	•	,
G		n during the accounting period, except		
Primary		n effect on June 24, 1981, permitting th (2) and (4), or 76.63 (referring to 76.6		
ransmitters:		s explained in the next paragraph.		Sils carried on a
Television	Substitute Basis Stations:	With respect to any distant stations ca	arried by your cable system on a subs	stitute program
		les, regulations, or authorizations:	a Createl Statement and Dreaman L	
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (th a substitute basis	he Special Statement and Program Lo	bg)—If the
	-	also in space I, if the station was carried	d both on a substitute basis and also	on some other
	basis. For further information	n concerning substitute basis stations,	see page (v) of the general instructio	ns.
		i's call sign. <i>Do not</i> report origination p	.	
	"WETA-2" as the same on the	with a station according to its over-the	e-air designation. For example, report	t multistream
		I 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.	-	
		case whether the station is a network	•	
				ndent) "I-M"
		ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational) of		
	(for independent multicast),	"E" (for noncommercial educational), c	or "E-M" (for noncommercial education	
	(for independent multicast), For the meaning of these ter		or "E-M" (for noncommercial education actions in the paper SA1-2 form.	nal multicast).
	(for independent multicast), For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), or rms, see page (iv) of the general instru	or "E-M" (for noncommercial education actions in the paper SA1-2 form. the community to which the station is	nal multicast). s licensed by the
	(for independent multicast), For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list	or "E-M" (for noncommercial education actions in the paper SA1-2 form. the community to which the station is	nal multicast). s licensed by the
	(for independent multicast), For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), c rms, see page (iv) of the general instru- n of each station. For U.S. stations, list	or "E-M" (for noncommercial education actions in the paper SA1-2 form. the community to which the station is	nal multicast). s licensed by the
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EGAL NAME OF			(STEM:					SYSTEM I 100
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under of the whenever it is received a ved 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	It the system's he system's FM ante this point, see pa sed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral 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	
		3,0		UALL SIGN		5,0		
/A								
		+						

	d: 2018/1						FORM	I SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	TDS Broadband Servic	ce LLC						10034
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	3			
	In General: In space I, identi	ify every noi	nnetwork televis	sion program, broadcast by	a <i>distant</i> stati			
	substitute basis during the a							
Substitute Carriage:	explanation of the programm				e general instri	uctions in the pap	Der SAT-2	2 101111.
Special	1. SPECIAL STATEMEN					work tolovision r	program	
Statement and	During the accounting per	-	i cable system	carry, on a substitute basi	s, any nonnei			Y
Program Log	broadcast by a distant sta							NO
	Note: If your answer is "No"	", leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	st complete the	program	
	log in block 2.							
	2. LOG OF SUBSTITUTE			ta lina. Llas abbraviations y	whorever nee	aible if their mea	onina io	
	In General: List each subst clear. If you need more spa				wherever pos	sidle, if their mea	aning is	
	Column 1: Give the title	of every no	nnetwork televi	ision program ("substitute p				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r autnorization: vies" or "baske	s. See page (v) of the gene thall " List specific program	titles for example	ns for further info ample "I I ove I i	ormation.	
	"NBA Basketball: 76ers vs.							
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		used by the ECC	or in	
	the case of Mexican or Can						5 OI, III	
	Column 5: Give the mor	th and day		tem carried the substitute p			the mont	h
	first. Example: for May 7 giv		aubatituta pro	gram was carried by your o	able avetem	List the times of	oouratab	,
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							
	effect on October 19, 1976.		· · · , · · · ·			- J		
							_	
	s			1		N SUBSTITUT AGE OCCURR		7. REASON FOR
	S 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURR 6. TIMES	RED G	7. REASON FOR DELETION
		UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCCURR	RED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURR 6. TIMES	RED G	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURR 6. TIMES	RED G	
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News	LEGAL	NAME O	FOWN	ER OF CA	ABLE S	SYSTEM	vi:													SYS	STEM I
Name	TDS	Broad	lband	l Servi	ice L	-LC															100
K Gross Receipts	Instr all ar (as ic page	DSS RE nounts dentified (vii) of Gross re	s: The (gross d in spa the ge	figure y receipts ace E) c eneral in	ts) pai during nstruc	id to y g the a ctions l	your (accoi locat	cable unting ted in	syster period the pa	n by s d. For per S	subso r a fu SA1-2	ribers ther e form.	for th xplan	e syste ation o	em's :	second	lary trar	smissi	on se ount, s	rvice see	
		during ti DRTAN																\$ (Ar			079.22 receipts)
L Copyright Royalty Fee	COPY Instruct • Com • Use • Use	RIGHT plete blo block 1 block 2 block 3 ge (vi) of	ROYA To con ock 1, if the a if the a if the a	ALTY F npute th block 2, amount amount amount	FEE the roy of gro of gro of gro of gro	yalty fe block oss re oss re oss re	fee yo 3. eceipt eceipt eceipt	ou ow ts in s ts in s ts in s	ve: space H space H space H	∢is\$ ∢ism ∢ism	137, ² nore t	100 or han \$ han \$	less 137,1(263,8(00 but	less t	than \$5		o \$263,	,800		
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				BLOC	K 3:	GRO	ISS F	RECE	IPTS	OF N	IORI	E THA	N \$26	63,800	(but	t less th	nan \$52	27,600))		
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		ise amoi		-												263,	800.00				
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Filing Fee and otal Remittance	1. Ro	yalty Fe	e Paya	able for <i>i</i>	Αссοι	unting	Perio	od (fro	om Bloo	ж 1, 2	2, or 3	8, abov	/e)			. \$		3	21.79	9	
Due	2. Fili	ing Fee	(See th	ne instru	uction	s for n	nore	inform	nation o	n filin	ıg fee	calcu	ations)		\$			20.0	0	
		ται ατ	NOUN.	T DUF F	For /	ACCO	UNT	ING P	PERIO). Ad	d lin	es 2 a	nd 3 .					\$:	341.79
	3. TC																	<u> </u>			

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 10034
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 broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services .	16 292
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 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 in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner 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 Typed or printed name: Amanda K. Moore Title: Assistant Treasurer (Title of official position heid in corporation or partnership)	stem as identified
	Date: 22 August 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 lave

inting Period: 2018/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Broadband Service LLC	100
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	P Special Statemer Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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
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	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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