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

Return completed workbook

STATEME		ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	by email to:
for Seconda	ry Transmi	issions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable System General instruct in the first tab of	ctions are lo	cated	08/24/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTI	ING PERIOD COVERED I	BY THIS STATEMENT: (Y	YYY/(Period))	
	2018/1	L,	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20181	Barcode Data Filing Period (option	al - see instructions)	
Accounting Period					
В				sidiary of another corporation, give the full co	rporate title
Owner	List any	other name or names under which	n the owner conducts the business of	the cable system.	
			accounting period, only the owner or e payment covering the entire accou	n the last day of the accounting period should s nting period.	submit a
	Check h	nere if this is the system's first filing	s. If not, enter the system's ID numbe	r assigned by the Licensing Division.	1129
	LEGA	AL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM	Λ	
	TDS B	roadband Service LLC			
	BUSIN	ESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	Т)	
	Baja B	roadband			
		NG ADDRESS OF OWNER OF	CABLE SYSTEM		
		Junction Rd.	umber)		
		son, WI 53717-2152 vn, state, zip)			
С				entify the business and operation of the	
System		FICATION OF CABLE SYSTEM:		he system, if different from the addres	S given in space D.
	1				
	MAILIN	G ADDRESS OF CABLE SYSTEM	:		
	2 (Number	, street, rural route, apartment, or suite n	umber)		
	(City, tow	vn, 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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Hume	TDS Broadband Service LLC	112
D	Instructions: List each separate community served by the cable system. A "con "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 film	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	LA PINE	OR
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM I
Name	TDS Broadband Service	e LLC							11:
	SECONDARY TRANSMISSION		BSCRI		TES				
Е	In General: The information in s			-	-	y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary	about other services (including p						those exis	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						hla svetan	broken	
scribers and	down by categories of secondar						,	,	
Rates	each category by counting the n	,		0 / 1		•			
	separately for the particular serv								
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc				iy standa	rd rate variation	is within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmis	ssion servi	ce that cable	
	systems most commonly provide	e to their subsc	ribers. G	ive the numbe	r of subse	cribers and rate	for each li	sted category	
	that applies to your system. Not			-		-			
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					a in the count ur	nder "Serv	ice to the	
	Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in the	e right-ha	and block. A tw	o- or thre	e-word descript	ion of the	service is	
	sufficient.	DCK 1		П			BLOC	()	
		NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set	1	,245	24.49					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		34	24.49					
	Commercial								
	Converter								
	Residential	1	,245	1.95					
	Non-residential		34	1.95					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	\$				
-	In General: Space F calls for ra	-				Il your cable sys	stem's ser	vices that were	
F	not covered in space E, that is, t					,	,		
0	service for a single fee. There are	•			•		•	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaany			la goa on a ran		egiani zacio,	
ransmissions:	Block 1: Give the standard rat			•					
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a brief (two- or three-word) description				sned. List	these other ser	vices in th	e form of a	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable	16.15		el, hotel	uentiai	32.00			
	• Pay cable—add'l channel	8.60		imercial		32.00			
	-	0.00				32.00			
	Fire protection Burglar protection		• Pay	cable-add'l cha	annal				
	Installation: Residential			protection					
		32.00		lar protection					
	• FILST SEL	52.00	-	ervices:					
	First set Additional set(s)	29.00	June 9						
	Additional set(s)	29.00	• Reco	nnect		10 20			
	Additional set(s)FM radio (if separate rate)	29.00		onnect		19.20			
	Additional set(s)	29.00	• Disc	onnect					
	Additional set(s)FM radio (if separate rate)	29.00	• Disc • Outl		199	19.20 29.00 15.00			

ounting Period: 2	2018/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM II
	TDS Broadband Servi			112
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	TELEVISION entify every television station (including f 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 76.67 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 telev (RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o erms, see page (iv) of the general instru- in of each station. For U.S. stations, list	t (1) stations carried only on a part-tin ne carriage of certain network program (1(e)(2) and (4))]; and (2) certain static arried by your cable system on a subs the Special Statement and Program Lo d both on a substitute basis and also see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a re (for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	evision stations) me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	FCC. For Mexican or Canad	dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	he community with which the station is 3. TYPE OF STATION	4. LOCATION OF STATION
	KOHD	51.1	N	Bend, OR
				Bellu, OK
			N	Bond OD
	KBNZ-LD	7.1	N	Bend, OR
	KFXO	39.1	N	Bend, OR
S	KFXO KTVZ	39.1 21.1	N N	Bend, OR Bend, OR
Rows as Necessary	KFXO KTVZ KTVZ-DT2	39.1 21.1 21.2	N N N-M	Bend, OR Bend, OR Bend, OR
Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM	39.1 21.1 21.2 45.1	N N N-M I	Bend, OR Bend, OR Bend, OR Bend, OR
Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB	39.1 21.1 21.2 45.1 3.1	N N N-M I E	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR
Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB KOAB-DT2	39.1 21.1 21.2 45.1 3.1 3.2	N N N-M I E E E-M	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR
l Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB	39.1 21.1 21.2 45.1 3.1	N N N-M I E	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR
l Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB KOAB-DT2	39.1 21.1 21.2 45.1 3.1 3.2	N N N-M I E E E-M	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR
1 Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB KOAB-DT2	39.1 21.1 21.2 45.1 3.1 3.2	N N N-M I E E E-M	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR
ł Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB KOAB-DT2	39.1 21.1 21.2 45.1 3.1 3.2	N N N-M I E E E-M	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR
l Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB KOAB-DT2	39.1 21.1 21.2 45.1 3.1 3.2	N N N-M I E E E-M	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR
1 Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB KOAB-DT2	39.1 21.1 21.2 45.1 3.1 3.2	N N N-M I E E E-M	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR
d Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB KOAB-DT2	39.1 21.1 21.2 45.1 3.1 3.2	N N N-M I E E E-M	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR
d Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB KOAB-DT2	39.1 21.1 21.2 45.1 3.1 3.2	N N N-M I E E E-M	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR
d Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB KOAB-DT2	39.1 21.1 21.2 45.1 3.1 3.2	N N N-M I E E E-M	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR
d Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB KOAB-DT2	39.1 21.1 21.2 45.1 3.1 3.2	N N N-M I E E E-M	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR
d Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB KOAB-DT2	39.1 21.1 21.2 45.1 3.1 3.2	N N N-M I E E E-M	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR
d Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB KOAB-DT2	39.1 21.1 21.2 45.1 3.1 3.2	N N N-M I E E E-M	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR
d Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB KOAB-DT2	39.1 21.1 21.2 45.1 3.1 3.2	N N N-M I E E E-M	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR
d Rows as Necessary	KFXO KTVZ KTVZ-DT2 K45KM KOAB KOAB-DT2	39.1 21.1 21.2 45.1 3.1 3.2	N N N-M I E E E-M	Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR Bend, OR

ounting Period:	-				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM I
	TDS Broadband Servi	ce LLC			11
	PRIMARY TRANSMITTERS:	TELEVISION			
C	•		g translator stations and low power tele	,	
G			pt (1) stations carried only on a part-tim		
Primary			the carriage of certain network progran .61(e)(2) and (4))]; and (2) certain static		
ransmitters:	substitute program basis, as	s explained in the next paragraph.			
Television		. ,	carried by your cable system on a subs	stitute program	
		les, regulations, or authorizations: in space G—but do list it in space I ((the Special Statement and Program Lo	oa)—if the	
	station was carried only on			-3,	
		•	ed both on a substitute basis and also		
			s, see page (v) of the general instruction program services such as HBO, ESPN		
			ne-air designation. For example, report		
	"WETA-2" as the same on the				
		I number the FCC assigned to the tel RC is channel 4 in Washington, D.C.	levision station for broadcasting over th	ie air in its community	
		o .	k station, an independent station, or a r	noncommercial	
		S	' (for network multicast), "I" (for indeper		
			or "E-M" (for noncommercial education	nal multicast).	
	For the meaning of these ter	rms, see page (iv) of the general insti	ructions in the paper SA1-2 form.	,	
	For the meaning of these ter Column 4: Give the location	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis		s licensed by the	
	For the meaning of these ter Column 4: Give the location	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis	ructions in the paper SA1-2 form. st the community to which the station is	s licensed by the	
	For the meaning of these ter Column 4: Give the location	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis	ructions in the paper SA1-2 form. st the community to which the station is	s licensed by the s identified.	I OF STATION
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	I OF STATION
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	I OF STATION
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	I OF STATION
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	I OF STATION
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	I OF STATION
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	I OF STATION
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	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	I OF STATION
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	I OF STATION
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	I OF STATION
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	I OF STATION
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	
	For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canac	rms, see page (iv) of the general inst n of each station. For U.S. stations, lis lian stations, if any, give the name of	ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	s licensed by the s identified.	

LEGAL NAME OF								SYSTEM I 11
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein to the Co sign of o the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM ante his point, see pa ed by the cable s e 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 eneral i eparate	be expected, ated 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	
I/A								

Accounting Perio	od: 2018/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	TDS Broadband Servio	ce LLC						1129
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident		-		-	tion that your		tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per				isis anv noni	network telev	ision nroa	ram
Statement and				fi carry, on a substitute be	lolo, any nom			
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must complet	e the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."					-	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		oonood by th	ECC or	in
	the case of Mexican or Car							111
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour system	was requ	ired
	to delete under FCC rules							
	was substituted for program							09.0
	effect on October 19, 1976							
	e		E PROGRAM	1		N SUBSTIT		7. REASON FOR
	3	2. LIVE?	3. STATION'S		-	AGE OCCO		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	то	
						_		
						_		
					·			
						_		
					·			"
						_		
								"
						_		
						_		
								1
						_		

Accounting Period:	2018/1		FORM S	A1-2E. PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
Name	TDS Broadband Service LLC			1129
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the arr all amounts (gross receipts) paid to your cable system by subscribers for the system's set (as identified in space E) during the accounting period. For a further explanation of how 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 transm to compute this a	ission service amount, see	6,090.33
L 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 t • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less t • See page (vi) of the general instructions located in the paper SA1-2 form for more information • DOUGL 4, ODDOOD, DECEMPTO, OD 6402, 100 OD	han \$527,600 on.	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		-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but r		00)	
	1. Base amount under statutory formula	-	-	
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1	57,709.67		
	4. Enter the amount of gross receipts from space K		206,090.33	
	5. Enter the amount from line 3		57,709.67	
	6. Subtract line 5 from line 4	\$	148,380.66	
	7. Multiply line 6 by .005 (enter figure here)		\$	741.90
	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		\$	741.90
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	it 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			
	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)	\$	741.90	
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		\$	761.90
	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 f	-		hts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 1129
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 .	9 209
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Peggy Smykal	(802) 485-9748
Information	Address 24 Depot Square, Unit 2 (Number, street, rural route, apartment, or suite number) Northfield, VT 05663 (City, town, state, zip)	X
	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 I (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s 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 ow 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)] 	system as identified ner of the cable system
	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: 24 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 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 Office'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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
S Broadband Service LLC	112
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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. 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 Assessme
	Interest Assessmen
	Interest Assessme
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