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> For additional information,
General instructions are located in the first tab of this workbook	08/23/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	/YY/(Period))	

	AUUU	JUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Percede Data Filing Period (antional accelentional)	
		20181 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	25787
		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		<b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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.

Name -	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	25787
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	FORT STOCKTON	TX
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID
Name	TDS Broadband Service	LLC							2578
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv	pace E should on of television bay cable) in sp I (June 30 or D n blocks in space y transmission umber of billing	cover a and rac ace F, r ecembe ce E cal service. js in tha	Il categories of tio broadcasts I not here. All the er 31, as the ca I for the numbe . In general, you t category (the	secondar by your sy facts you se may be r of subsc u can com number o	stem to subscrit state must be t ). ribers to the cat pute the numbe f persons or org	bers. Give hose existi ble system r of subsci anizations	information ing on the , broken ribers in	
	Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted of Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	. (Example: "\$2 counts allowed in space E, the to their subsc e: Where an ind should be cour able service to a proce again und has rate catego iers of services	20/mth <sup>*</sup> ) for adva e form li ribers. C dividual nted as addition er "Serv ories for that inc	Summarize a ance payment. ists the categor Give the numbe or organizatior a subscriber in al sets would b vice to additiona secondary tran clude one or more	ny standar ies of sector of subscr is receivi each apple e included al set(s)." nsmission pore second	rd rate variations ondary transmis ribers and rate t ng service that f icable category. I in the count un service that are dary transmissio	s within a p sion servic or each lis alls under Example: der "Servic different fi ns), list the	ce that cable ted category different a residential ce to the rom those em, together	
	BL		· 1				BLOC		<u>г                                    </u>
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		775	33.01					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel		55	5.99-15.76					
	Commercial								
	Converter     Residential		320	3.50-17.00					
	Non-residential		320	3.30-17.00					
F Services Other Than Secondary Fransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur 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	e (not subscrib hose services to re two exceptio or facilities furr hit in which it is rate column. te charged by to t your cable syst separate charg	ber) infor that are ns: you hished to usually he cable stem fur ie was n	rmation with re- not offered in c do not need to o nonsubscribe billed. If any ra e system for ea nished or offere nade or establis	spect to al combinatic give rate rs. Rate ir tes are ch ch of the a ed during	n with any seco information cond formation shoul arged on a varia applicable servic the accounting p	ndary tran cerning (1) d include t able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO						BLOCK 2	D •
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RATE
	Pay cable	11.40-19.00		tel, hotel	laonnaí				
	Pay cable—add'l channel		• Cor	mmercial					
	Fire protection		• Pay	y cable					
	<ul> <li>Burglar protection</li> </ul>			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	29.95-39.96 19.98-24.95		glar protection					
		14 48-24 95	Uther s	services:					
	Additional set(s)     EM radio (if apparate rate)	10.00 24.00	- D-			25.00			
	Additional set(s)     FM radio (if separate rate)     Converter	10.00 24.00		connect connect		25.00			

	LEGAL NAME OF OWNER O	E CABLE SYSTEM		SYSTEM ID
Name	TDS Broadband Serv			25787
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> 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- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repre- tivision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep pr "E-M" (for noncommercial education 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
	KMID	2.1	N	Midland, TX
	KOSA	7.1	N	Odessa, TX
	KOSA-DT2	7.2	N-M	Odessa, TX Odessa, TX
	KPEJ	24.1	N	Odessa, TX
na Nacasani	KPEJ-DT2	24.2	N-M	Odessa, TX
as Necessary	KWES	9.1	N	Odessa, TX Odessa, TX
	KWES-DT2	9.2	N-M	Odessa, TX
	KUPB	18.1	I	Midland, TX
	KUPB-DT2	18.2	I-M	Midland, TX
	KTLE-LP	20		Odessa, TX
	KENW	3		Portales, NM
	KPTB-DT	16	<b>I</b>	Lubbock, TX

ounting Period				OVOTEMID
Name	LEGAL NAME OF OWNER OF C			SYSTEM ID
	TDS Broadband Service	e LLC		2578
	PRIMARY TRANSMITTERS: TE	ELEVISION		
<b>^</b>	In General: In space G, identi	ify every television station (including	translator stations and low power tele	evision stations)
G			t (1) stations carried only on a part-tim	
Duiment			ne carriage of certain network program	
Primary Transmitters:		explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain static	ons carried on a
Television			arried by your cable system on a subs	stitute program
		s, regulations, or authorizations:		
	• Do not list the station here in station was carried only on a		he Special Statement and Program Lo	bg)—if the
	-		d both on a substitute basis and also o	on some other
			see page (v) of the general instruction	
			program services such as HBO, ESPN e-air designation. For example, report	
	"WETA-2" as the same on the	0	e-air designation. For example, report	Industream
			evision station for broadcasting over th	ne air in its community
		C is channel 4 in Washington, D.C.		
			station, an independent station, or a n (for network multicast), "I" (for indepen	
	educational station, by enterin	ig the letter in (lor network), in-ivi (		ident), i-ivi
	(for independent multicast) "F	" (for noncommercial educational)	or "F-M" (for noncommercial education	nal multicast)
		E" (for noncommercial educational), on the set of the s	or "E-M" (for noncommercial educatior actions in the paper SA1-2 form.	nal multicast).
	For the meaning of these term <b>Column 4:</b> Give the location of	ns, see page (iv) of the general instru of each station. For U.S. stations, list	ictions in the paper SA1-2 form. the community to which the station is	licensed by the
	For the meaning of these term <b>Column 4:</b> Give the location of	ns, see page (iv) of the general instru of each station. For U.S. stations, list	ictions in the paper SA1-2 form.	licensed by the
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	For the meaning of these term <b>Column 4:</b> Give the location of FCC. For Mexican or Canadia	ns, see page (iv) of the general instru- of each station. For U.S. stations, list an stations, if any, give the name of t	ictions in the paper SA1-2 form. the community to which the station is he community with which the station is	s licensed by the s identified.
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EGAL NAME OI			/STEM:					SYSTEM II 257
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	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 ( stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	eadend, 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, 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	
		-				5,5		
(FST	AM	X	Ft.Stockton, TX					
		<b>+</b>						

Accounting Perio	od: 2018/1					FO	RM SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	TDS Broadband Servic	ce LLC					25787
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, identi					ion, that your cable sys	em carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations	s. For a further
Substitute	explanation of the programm				e general instr	uctions in the paper SA	1-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	<ul> <li>During the accounting per</li> </ul>	-	ir cable system	carry, on a substitute bas	is, any nonne	twork television progra	
Program Log	broadcast by a distant star	tion?				YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete the progra	am
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their meaning	S
				ision program ("substitute	program") tha	it, during the accountin	q
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of another st	ation
	under certain FCC rules, re Do not use general categor	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further information	on.
	"NBA Basketball: 76ers vs.		vies of baske	tball. List specific program		ample, TLOVE LUCY O	
				r "Yes." Otherwise enter "N			
				sting the substitute progra the community to which the		need by the ECC or in	
	the case of Mexican or Can						I
	Column 5: Give the mon	th and day		tem carried the substitute			onth
	first. Example: for May 7 giv					1	
	to the nearest five minutes.			gram was carried by your ed by a system from 6:01:			eiy
	stated as "6:00–6:30 p.m."	Example: e	a program oann		10 p		
				was substituted for progra			
	to delete under FCC rules a was substituted for program						Iram
	effect on October 19, 1976.						
	s	UBSTITUT	TE PROGRAM	1		EN SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
					-		
					-		
						_	
			1				
					-		
						_	
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						_	

Accounting Period:	2018/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	TDS Broadband Service LLC			25787
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	secondary trans w to compute thi	mission servio s amount, see	6,471.33
	COPYRIGHT ROYALTY FEE			
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more informat</li> </ul>	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	you must pay for	this six-month	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but r	nore than \$137,	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	226,471.33		
	3. Subtract line 2 from line 1	37,328.67		
	4. Enter the amount of gross receipts from space K	. \$ 2	26,471.33	
	5. Enter the amount from line 3	. \$	37,328.67	
	6. Subtract line 5 from line 4	<b>\$</b> 1	89,142.66	
	7. Multiply line 6 by .005 (enter figure here)		\$	945.71
	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		\$	945.71
	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		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)	\$	945.71	
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		\$	965.71
	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 fo	-		jhts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID 25787
<b>M</b> Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television b         to its subscribers, and (2) the cable system's total number of activated channels during the accounting         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	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to we can contact about this statement of account.)	whom
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 (or	tional)
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright (</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> </ul>	Office regulations)
	(Owner other than corporation or partnership) I am the owner of the cable system as identified	in line 1 of space B; or
	<ul> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the original in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entities of the original interval of the legal entities of the original interval of the</li></ul>	
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fac are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fa [18 U.S.C., Section 1001(1986)]</li> </ul>	st contained herein
	Enter an electronic signature on the line above to certify this 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 Feb	ruary 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 lav

unting Period: 2018/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Broadband Service LLC	257
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."         For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.         During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	P Special Statemer Concerning Gros Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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