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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/22/2018	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2018/1 Barcode Data Filing Period (optional - see instructions)
Accounting 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.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		TDS Broadband Service LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Baja Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd. (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 is 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	(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.

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	TDS Broadband Service LLC	268
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future f	orated communities within unincorporated areas and including single hat you list will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CORTEZ	СО
Community		
I Rows as Necessary		
nons as recessary		

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

SYSTEM ID# 26805

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCI	< 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	405	39.95			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel	66	5.87-14.24			
Commercial					
Converter					
 Residential 	482	3.5-5.95			
 Non-residential 					
		T			T

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	7.4-19.00	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	29.95-49.95	Burglar protection			
 Additional set(s) 	17.99-29.99	Other services:			
• FM radio (if separate rate)		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	10 or 49.95		
		Move to new address			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 26805

4 LOCATION OF STATION

TDS Broadband Service LLC PRIMARY TRANSMITTERS: TELEVISION

1 CALL SIGN

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a

substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was 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 and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2 B'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KOAT	7.1	N	Albuquerque, NM
KREZ	6.1	N	Durango, CO
KBIM-DT2	10.2	N-M	Roswell, NM
KOBF	12.1	N	Farmington, NM
KUSA	9.1	N	Denver, CO
KLUZ	14.1	<u> </u>	Albuquerque, NM
KASA	2.1	l	Santa Fe, NM
KRMJ	18.1	E	Grand Junction, CO
KRPV-DT	27.1	<u> </u>	Roswell, NM
	1111		
	1011		
	1011		

3 TYPE OF STATION

Add Rows as Necessary

Accounting Period:	2018/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
Name	TDS Broadband Serv	rice LLC		26805
	PRIMARY TRANSMITTERS:	TELEVISION		
Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a	entify every television station (including m during the accounting period, excep in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 explained in the next paragraph. With respect to any distant stations compared to the second statement of the second statement of the second	t (1) stations carried only on a part-time carriage of certain network programes (e)(2) and (4))]; and (2) certain station	ne basis under ns [sections ons carried on a
	• Do not list the station her station was carried only or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eacl educational station, by enter (for independent multicast) For the meaning of these to	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination of with a station according to its over-the form. Let number the FCC assigned to the teleform of the station is a network of the letter "N" (for network), "N-M", "E" (for noncommercial educational), where the general instruction is the station of the general instruction.	d both on a substitute basis and also of see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a notific for network multicast), "I" (for independent "E-M" (for noncommercial education uctions in the paper SA1-2 form.	on some other ns. I, etc. Identify each multistream le air in its community loncommercial lident), "I-M" lial multicast).
		on of each station. For U.S. stations, list idian stations, if any, give the name of t	•	•
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

26805

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
N/A							
	L						
	L						
	T						

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF OTTOS Broadband Service		ГЕМ:					SYSTEM ID# 26805
	SUBSTITUTE CARRIAGE		I STATEMEI	NT AND PROGRAM L	ng.			
Substitute	In General: In space I, identifing substitute basis during the acceptanation of the programmi	y every nor ecounting pe	nnetwork televis eriod, under spe	ion program, broadcast becific present and former F	y a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	For a further
	1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				
Special Statement and	During the accounting peri-	od, did you	r cable system	carry, on a substitute ba	sis, any nonne	twork televi	ision progran	
Program Log	broadcast by a distant stat	ion?					YES	X NO
. rog.a 20g	Note: If your answer is "No"	leave the	rest of this nad	e blank. If your answer is	s "Yes " vou m	ust complet	e the program	
	,	, icave tric	rest of this pag	e biank. If your answer is	s res, you iii	ust complet	e tile prograi	"
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each substi clear. If you need more space Column 1: Give the title of period, was broadcast by a of under certain FCC rules, rec Do not use general categorie "NBA Basketball: 76ers vs. If Column 2: If the program Column 3: Give the call is Column 4: Give the broad the case of Mexican or Cana Column 5: Give the month first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	tute progra te, please a of every noi distant stati gulations, or es like "mor Bulls." I was broad distant statio distant statio distant statio distant statio distant statio distant day e "5/7." s when the Example: a or "R" if the nd regulation	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owner your system substitute program carried listed program ons in effect du	sows to the tables. sion program ("substitute ur cable system substitutes. See page (v) of the getball." List specific program "Yes." Otherwise enter sting the substitute program to which the community with which the tem carried the substitute gram was carried by you ed by a system from 6:01 was substituted for progring the accounting period	e program") the ted for the program titles, for eximal. "No." ram. e station is lice e program. Use r cable system 1:15 p.m. to 6:2 ramming that yet; enter the le	at, during the gramming or one for further ample, "I Lo ensed by the ntified). The numerals, in List the time 28:30 p.m. so your system tter "P" if the	e accounting f another state information ove Lucy" or e FCC or, in with the mornes accurate should be a was require e listed progr	tion n. nth ly
					WHI	EN SUBST	ITUTE	
	SI	JBSTITUT	E PROGRAM		CARR	IAGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
								
							_	
							_	
							_	
						<u> </u>		
							_	
							_	

	LEGAL NA	ME OF OWNER OF	CABLE SY	STEM:								SA1-2E. PAGE
Name		roadband Sei									`	2680
K Gross Receipts	Instruct all amou (as ident page (vii Gro	ions: The figure ints (gross recei tified in space E i) of the general ss receipts from	ipts) paid E) during Finstruction Finstruction	to your of the accou ons locate bers for se	cable system unting period ed in the pap econdary tra	by subsci . For a furl per SA1-2 insmission	ribers for the ther explant form. service(s)	e system ation of h	's secondary low to comp	y transı	mission servi amount, see	ce
		ng the accounti										53,587.17 ross receipts)
Copyright Royalty Fee	InstructionCompletUse blocUse blocUse bloc	SHT ROYALTY ns: To compute the block 1, block the 1 if the amount the 2 if the amount the 3 if the amount the 3 if the general	the roya (2, or bl nt of gros nt of gros nt of gros	lock 3. ss receipt ss receipt ss receipt	s in space K s in space K s in space K	is more the	ıan \$137,10 ıan \$263,80	00 but les	s than \$527		\$263,800	
				BLOC	K 1: GROSS	S RECEIP	TS OF \$1	37,100 C	R LESS			
		ons: As a cable s ng period is \$52.		th gross re	eceipts of \$13	37,100 or le	ess, the roya	alty fee tha	at you must p	ay for	this six-month	ı
	Line 1. R	toyalty fee for ac	counting	period								
	Line 2. Ir	nterest charge. E	Enter the	amount fr	om line 4, spa	ace Q, pag	e 8					0.00
	Line 3. I	OTAL ROYALT			RECEIPTS							
	1. Base a	amount under sta										
	2. Enter a	amount of gross	receipts	from spac	e K			. \$	153,58	7.17		
	3. Subtra	act line 2 from line	e 1					\$	110,21	2.83		
	4. Enter t	the amount of gr	oss recei	pts from s	pace K				\$	1	53,587.17	
	5. Enter t	the amount from	line 3						\$	1	10,212.83	
	6. Subtra	act line 5 from line	e 4						\$		43,374.34	
	7. Multipl	ly line 6 by .005	(enter figi	ure here) .						· · · · .	\$	216.87
	8. Interes	st charge. Enter	the amou	unt from lir	ne 4, space C	Q, page 8 .				• • • • • •		0.00
	9. TOTA	L ROYALTY FE	E PAYAE	3LE FOR	ACCOUNTIN	IG PERIOI). Add lines	7 and 8 .			\$	216.87
		BLC	OCK 3: 0	ROSS R	RECEIPTS C	OF MORE	THAN \$20	63,800 (b	out less than	า \$527	,600)	
	1. Enter t	the amount of gr	oss recei	pts from s	pace K			·				
	2. Base a	amount under sta	atutory fo	rmula				\$	263,80	0.00		
	3. Subtra	act line 2 from line	e 1									
	4. Multipl	ly line 3 by .01 .							··· <u> </u>			
	5. Royalt	y due on the firs	t \$263,80	0 of grose	receipts (un	der statuto	ry formula)		\$		1,319.00	
	6. Interes	st charge. Enter	the amou	unt from lir	ne 4, space C	Q, page 8 .					0.00	
	7. TOTA	L ROYALTY FE	E PAYAE	3LE FOR	ACCOUNTIN	IG PERIOI	D. Add lines	4, 5, and	6	· · · · · · · · <u>·</u>		
			FIL	LING FEE	E AND TOTA	AL REMIT	TANCE D	UE				
Filing Fee and									_			
Total Remittance Due	1. Royalt	y Fee Payable fo	or Accour	nting Perio	d (from Block	k 1, 2, or 3,	above)		<u>\$</u>		216.87	
Due	2. Filing I	Fee (See the ins	tructions	for more in	nformation or	n filing fee	calculations)	\$		20.00	
	3. TOTA	L AMOUNT DUE	E FOR A	CCOUNTI	NG PERIOD.	. Add line	s 2 and 3 .				\$	236.87
	In	nportant: Your	remittan	nce must l	be in the for	m of an ele	ectronic pa	vment na	vable to the	Regis	ter of Copyri	ahts!

Accounting Period:	2018/1																								_																_	_																																									FC	ЭF	RN	15	SA	۱1.	-2	E.	. F	PA	٩C	ĴΕ	7
Name	LEGAL NAME OF OWNER OF TDS Broadband Service																																																																						_		_	_		_		_									,	31	75	ST	TE 2				D# 05
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system and nonbroadcast services.	the cable system's total of channels on which to broadcast stations of activated channels m carried television br	tal numb	nber ble	ber o	e 	e e	e e	e	e t	e t	e t:		2	er 	r	r	r	t	ta		of	f	of	tie		or		iv		ıtı				d				h.		n	n	el			ال		n .	g	tł	ne	a			u.	ın	n:	nti	ir	n	ıg	ıF	рє	erio	od	i.			io.	ns												9	2												
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORN	RM	RN	RI	R	R	R	R	R	2	21	RN	٨	٨	N	VI	1.		IA	4	A.	٦	T	10	0	N	1	IS	s	8	•	1	•	J	E	E	=1	ס	E	D	(d	е	1	ti	if	/ 8	an	in	di	iv	ric	du	lu	Jâ	al	al	to	0	v	/h	on	n																													
for Further Information	Name Peggy	Smykal																		•••						•••															•••		•••					•••																			Ге	lep	h	on	е	(8	30	12) 4	18	5	-9)7	′4	8														
	(Number,	oot Square, Unit street, rural route, apartme rield, VT 05663		suite r	iite n	ite r	ite	ite	te	te	e	te	e	?	e i	r	r	n	n	IL.	u	ur	n	im	n	nb	ЭЕ	er))	••••														••••					••••		••••			••••	••••				••••	••••																																			
	(City, town	n, state, zip) finance@tdstelec	com.con	om	m	m	m	m	n	n	n	n	1		1										•••						•••	•••					•••		•••	•••		•••				•••									F	a	a	ıx	()	((0	p	otio	on	nal)																													
	CERTIFICATION (This state	ement of account mus	st be cert	ertifie	rtifie	tifi	rtif	rti	ti	ti	ti	tif	if	f	ifi	i i	ì	fie	e	9	•	ed	b	d		а	ır	nc	: t	si	iç	gı	ır	n	16	е	90	d	i	n	é	ac	:C	וכ	d	a	1	С	e	v	vit	า (Co																			=	=	=	=	=	=	=	=	=								=	=	=	=		=	=	_
O Certification	• I, the undersigned, hereby	certify that (Check one	e, <i>but onl</i> y	nly o	ly or	ly o	ly d	ly	y	v	,	y	,	(c	o	0	0	or	n	า	ne	е	е	, •	,	О	of	th	ne	е	·	b	b	ıc	0	×	Œ	95	8.)																																																						
	(Owner other th	an corporation or part	rtnership	nip) l	p) l	p) l	p)	p)	0)))	o)))) I	I	I	I	1 :	6	а	a	ır	an	m	n	t	he	е	0	οv	w	11	r	1	e	eı	r	С	f	tŀ	16	9	æ	bl	е	Ş	S!	y:	ste	em	а	s i	ic	le	en	ni	ıti	ifi	fie	e	d	in	ı li	ne	1	of	sp	a	е	B;	O	r																						
		other than corporation																																																e	d a	ge	en	nt	0	f	f t	tł	h	ne	е	01	W	ne	er o	of	the	: Ci	ab	e	sy	ste	an	กล	as i	ide	n۱	tifi	ec	t															
	(Officer or part in line 1 of sp	ner) I am an officer (if a pace B.	a corpora	oratio	atior	atio	atio	at	at	at	t	ati	ti	i	tic	O	o	io	or	n	า	n)))	(o	r	а	a p	pa	aı	ırl	t	tr	n	16	е	r	(if	а	1	08	rt	16	er	s	h	niį	0)	of	th	ie	le	eç	ga	ja	al	le	е	en	nti	ity	id	dei	nti	fie	d a	S	OW	'ne	er (of	th	е	cal	ole) S	sys	ste	en	n													
	I have examined the states are true, complete, and corn [18 U.S.C., Section 1001(19)]	ect to the best of my kn	-																																				-																										nt	air	ne	ł h	er	eir	ı																								
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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 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

ounting Period: 2018/1	FORM SA1-2E. PAGE 8
CAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
S Broadband Service LLC	26805
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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