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	T 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 in the first tab of this workbook	08/22/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20181 Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	29120
		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)	
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		s 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:	
		MAILING ADDRESS OF CABLE STSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	
L			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	TDS Broadband Service LLC	29120
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 t 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: orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	
	CITY OR TOWN	STATE
First	Cedar City	UT
Community	Iron County	UT
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM IC
Name	TDS Broadband Service								2912
Е	SECONDARY TRANSMISSION			-	-				
L	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							g en ale	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the nu								
Rales	separately for the particular servi							chargeu	
	Rate: Give the standard rate c	harged for eac	h categ	ory of service. I	nclude bo	oth the amount o	f the charg		
	unit in which it is generally billed.	· · ·		•	ny standa	rd rate variations	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmis	sion servi	ce that cable	
	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 o					d in the count un	der "Servi	ce to the	
	Block 2: If your cable system I					service that are	different f	rom those	
	printed in block 1 (for example, ti	iers of services	that in	clude one or mo	ore secon	dary transmissio	ns), list th	em, together	
	with the number of subscribers a	ind rates, in the	e right-h	and block. A tw	o- or thre	e-word descripti	on of the s	service is	
	sufficient.	DCK 1					BLOC	K 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		4 047	20.25					
	Service to first set Service to additional act(a)		1,217	39.25					
	Service to additional set(s) EM radio (if concrete rate)								
	• FM radio (if separate rate) Motel, hotel		204	5.99-14.23					
	Commercial		204	3.55-14.23					
	Converter								
	Residential		774	3.5-17					
	Non-residential			0.0 17					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	5				
F	In General: Space F calls for rat	•	'		•	, ,			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services		,		0				
Other Than	amount of the charge and the un		usually	billed. If any ra	tes are ch	narged on a varia	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the		ha aabi	a avatam far aa	ah af tha d	annliaghla gan <i>ia</i>	an lintad		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	otion and includ	le the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	7.4-19.99		otel, hotel					
	Pay cable—add'l channel			mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential	E0.00		e protection					
	First set	53.00		rglar protection					
	Additional set(s) EM radio (if sonarato rato)	\$10-\$53		services:		25.00			
	 FM radio (if separate rate) 			connect		25.00			
	Convertor		• Dia	connect					
	• Converter		_	connect		53.00			

SYSTEM		CABLE SYSTEM:	LEGAL NAME OF OWNER OF	
291		ce LLC	TDS Broadband Servi	Name
		TELEVISION	PRIMARY TRANSMITTERS:	
on a part-time basis under ork programs [sections certain stations carried on a n on a substitute program Program Log)—if the s and also on some other al instructions. HBO, ESPN, etc. Identify each mple, report multistream sting over the air in its community ation, or a noncommercial (for independent), "I-M" al educational multicast). form. ne station is licensed by the	<i>bt</i> (1) stations carried only on a part-ti- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instructi- program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe- or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station in	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the	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 station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	G Primary Transmitters: Television
ION 4. LOCATION OF STATION	3. TYPE OF STATION	2. B'CAST CHANNEL NUMBER	1. CALL SIGN	
Salt Lake City, UT	N	4.1	ктух	
Salt Lake City, UT	N	4.2	KTVX-DT2	
Salt Lake City, UT	N	2.1	KUTV	
Salt Lake City, UT	N	5.1	KSL	
Salt Lake City, UT	N-M	5.2	KSL-DT2	d Rows as Necessary
Salt Lake City, UT	N-M	5.3	KSL-DT3	,
Salt Lake City, UT	I	13.1	KSTU	
Salt Lake City, UT	I-M	13.2	KSTU-DT2	
Ogden, UT	I	30.1	кисw	
St. George, UT	Ι	12.1	кмүџ	
Provo, UT	E	11.1	КВҮÜ	
Salt Lake City, UT	E	7.1	KUED	
Ogden, UT	E	9.1	KUEN	
Salt Lake City, UT	I	14.1	KJZZ	
Salt Lake City, UT	I-M	14.3	KJZZ-DT3	
Provo, UT	I	16.1	КИРХ	
Cedar City, UT		4.1	KCSG	

				SYSTEM ID
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	TDS Broadband Serv	ice LLC		29120
	PRIMARY TRANSMITTERS:	TELEVISION		
~	In General: In space G, ide	entify every television station (including	translator stations and low power tele	evision stations)
G		m during the accounting period, excep		
Delenant		n effect on June 24, 1981, permitting t		
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	S(e)(2) and $(4))], and (2) certain state$	ons carried on a
Television		: With respect to any distant stations c	arried by your cable system on a subs	stitute program
		lles, regulations, or authorizations:		
	 Do not list the station here station was carried only on 	e in space G—but do list it in space I (t	he Special Statement and Program L	og)—if the
	2	also in space I, if the station was carrie	d both on a substitute basis and also	on some other
		on concerning substitute basis stations		
		n's call sign. <i>Do not</i> report origination		
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the	e-air designation. For example, repor	t multistream
		el number the FCC assigned to the tele	evision station for broadcasting over th	ne air in its community
		RC is channel 4 in Washington, D.C.	3	
		case whether the station is a network	•	
		ring the letter "N" (for network), "N-M"		
		"E" (for noncommercial educational), e erms, see page (iv) of the general instru		nai municast).
		n of each station. For U.S. stations, lis		s licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of t	he community with which the station i	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF			YSTEM:					SYSTEM I 291
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Ic Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abour m. dentify the call tate whether f the radio stat this by placing tive the station	y the sys be recein at the Co l sign of the static tion's sig g a chec n's locati	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	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, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	AM or FM	0/0				e/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
I/A								
		1	11					
			l					

	od: 2018/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	TDS Broadband Service	ce LLC						29120
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	3			
I I	In General: In space I, ident					on, that your c	able svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the p	paper SA1	2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	work televisio	n program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete th	ne prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their m	neaning is	
	clear. If you need more spa Column 1: Give the title			rows to the tables. ision program ("substitute p	program") tha	t during the a	ccountina	
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substituted	d for the prog	ramming of ar	nother stat	ion
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further in	nformatior	1.
	Do not use general categor "NBA Basketball: 76ers vs.		vies of baske	tball. List specific program	i titles, for exa	ample, "I Love	LUCY OF	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute program			00	
	the case of Mexican or Can			ne community to which the			CC or, in	
				tem carried the substitute p			h the mor	ith
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				У
	stated as "6:00–6:30 p.m."	Example. a	i program cam		o p.m. to 0.2	0.00 p.m. 3no		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			na regulatione	,	
					WHE	N SUBSTITU	JTE	
				1				7. REASON FOR
		2. LIVE?	3. STATION'S	1		AGE OCCUF 6. TIM	RRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	CARRI	AGE OCCUF	RRED	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUF 6. TIM	RRED ES	1

Accounting Period:	2018/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			(SYSTEM ID#
	TDS Broadband Service LLC				29120
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	e system's s tion of how	secondary trans to compute this	mission servi s amount, see \$ 40	ice
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more BLOCK 1: GROSS RECEIPTS OF \$13	0 but less t e informatic	han \$527,600 m.	\$263,800	
				this six month	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty lee that y	ou must pay for	this six-montr	1
	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 li	ines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K		·		
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8		· · · · · · · · · · · · · · · · · · ·		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	7 and 8	· · · · · · · · · · · · · · · · · · ·		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	406,958.63		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	143,158.63		
	4. Multiply line 3 by .01		\$	1,431.59	
	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	4, 5, and 6 .	······	\$	2,750.59
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,750.59	
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			\$	2,770.59
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: and Service LLC				SYSTEM ID# 29120
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	ers, and (2) the cable system's t tal number of channels on whic ed television broadcast stations tal number of activated channel cable system carried television	total number ch the cable s els n broadcast s	on which the cable system carried te of activated channels during the ac	counting period.	15 275
N Individual to		O BE CONTACTED IF FURTH t about this statement of account		MATION IS NEEDED (Identify an ind	dividual to whom	
Be Contacted for Further Information	Name	Peggy Smykal			Telephone	(802) 485-9748
	Address	24 Depot Square, Un (Number, street, rural route, apart	nit 2 rtment, or suite r	number)		
		Northfield, VT 05663 (City, town, state, zip)	3			
	Email	finance@tdstel	lecom.com		Fax (optional)	
O Certification	I, the undersig (Ow (Age	ned, hereby certify that (Check o	one, <i>but only o</i> partnership) ation or partr	I am the owner of the cable system as	identified in line 1 of space B;	
	 I have examin are true, compl 	in line 1 of space B. ed the statement of account and	hereby decla	on) or a partner (if a partnership) of the re under penalty of law that all statem information, and belief, and are made	ents of fact contained herein	er of the cable system
			Enter an ele	/s/ Amanda K. Moore ectronic signature on the line above to ture using an "/s/ signature" (e.g., /s/.		
		Typed or printed	d name:	Amanda K. Moore		
		Title: (Title of o		nt Treasurer held in corporation or partnership)		
		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 telephoi 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	291
 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 	P Special Statemer Concerning Gros Receipts Exclusio
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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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 th 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.