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							
08/23/2018	\$ 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))
Accounting		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.
		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>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.

Accounting Period:	2018/1	
		FORM SA1-2E. PAGE 1b.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	29451
	Instructions: List each separate community served by the cable system. A "communit	ry" is the same as a "community unit" as defined in FCC rules:
D	"a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	FORT CARSON	СО
Community	COLORADO SPRINGS	СО
Add Rows as Necessary		

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**TDS Broadband Service LLC** 

SYSTEM ID# 29451

## 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		BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATI	F				
Residential:	SOBSCINIBLINS	TVATE	CATEGORY OF CERVICE COBOORIBERS TRAIT					
Service to first set	280	37.35						
Service to additional set(s)								
FM radio (if separate rate)								
Motel, hotel	17	5.87-17.57						
Commercial								
Converter								
Residential	121	3.50-17.00						
Non-residential								
		1						

# 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.

	BLOCK 2					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE			
Continuing Services:		Installation: Non-residential				
<ul> <li>Pay cable</li> </ul>	7.40-19.00	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
<ul> <li>Fire protection</li> </ul>		• Pay cable				
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential		Fire protection				
First set	29.95-49.95	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>	14.95-24.95	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>	1.00	Reconnect	25.00			
Converter		Disconnect				
		Outlet relocation	17.99-29.99			
		Move to new address				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29451

4 LOCATION OF STATION

#### **TDS Broadband Service LLC**

1 CALL SIGN

G

#### Primary Transmitters: Television

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 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
KRDO	13.1	N	Colorado Springs, CO
KKTV	11.1	N	Colorado Springs, CO
KKTV-DT2	11.2	N-M	Colorado Springs, CO
KXRM	21.1	N	Colorado Springs, CO
KXTU-LD	21.2	N-M	Colorado Springs, CO
KOAA	5.1	N	Pueblo, CO
KOAA-DT2	5.2	N-M	Pueblo, CO
KTSC	8.1	E	Pueblo, CO
KTLO-LP	46.1	<u> </u>	Colorado Springs, CO
KWHS-LD	51.1	<u> </u>	Colorado Springs, CO
KRDO-DT3	13.3	N-M	Colorado Springs, CO

3 TYPE OF STATION

Add Rows as Necessary

Accounting Period:	2018/1			FORM SA1-2E. PAGE 3.
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	TDS Broadband Serv	ice LLC		29451
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(a substitute program basis, a Substitute Basis Stations basis under specific FCC reduced to not list the station her station was carried only on List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the station was carried only on the station was carried only on the station was carried on the	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination pd with a station according to its over-the	t (1) stations carried only on a part-tir ne carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati- 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 instruction orogram services such as HBO, ESPI e-air designation. For example, repor-	ne basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream
	Column 3: Indicate in each educational station, by enter	(RC is channel 4 in Washington, D.C. a case whether the station is a network ering the letter "N" (for network), "N-M", "E" (for noncommercial educational), o	(for network multicast), "I" (for indepen	ndent), "I-M"
	Column 4: Give the location FCC. For Mexican or Cana	erms, see page (iv) of the general instruin of each station. For U.S. stations, list dian stations, if any, give the name of t	the community to which the station is the community with which the station i	s identified.
	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**

29451

#### 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							
IN/A	<del> </del>	<del> </del> -					
	<del> </del>	<del> </del> -					
	<del> </del>	<del> </del> -					
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Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#			
Name	TDS Broadband Service	e LLC						29451			
ı	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> stat CC rules, regu	lations, or au	thorizations.	For a further			
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	ne general insti	ructions in the	e paper SA1	-2 form.			
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE							
Special Statement and	<ul> <li>During the accounting period</li> </ul>	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork televis	ion progran				
Program Log	broadcast by a distant stat	tion?					YES	X NO			
	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	the program	m			
	log in block 2.										
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast 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 to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in										
					10 10/115	EN SUBSTI	TUTE	1			
	S	UBSTITUT	E PROGRAM	1		IAGE OCCI		7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		IMES — TO	DELETION			
							_				
							— 				
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							=				
			1			1		1			

Accounting Period:	2018/1	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID:
	TDS Broadband Service LLC		2945 <sup>-</sup>
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission service nis amount, see	5,202.85
	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 than or equal to  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo accounting period is \$52.00	r this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	',100)	
	1. Base amount under statutory formula	<u> </u>	
	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 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	<del>-</del>	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01	_	
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	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 Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa		hts!

: 2018/1																		FORM	SA1-2E	. PAG	€ 7
																			SYS	TEM 294	
to its subscribers, and (in the subscribers, a	2) the cable system's to or of channels on which on broadcast stations. or of activated channels stem carried television b	otal numb the cable	ole	er of a	ctivate	d char	inels du	iring the	e acc	count	ting pe	eriod.		ons							]
			ORM	RMAT	ION IS	NEE	PED (Ide	entify ar	n indi	lividu	al to v	whom									
Name Peg	gy Smykal												Teleph	none (	802)	485-9	748				
(Numb	er, street, rural route, apartm hfield, VT 05663	nent, or suit	uite n	e numb	er)																
Email		ecom.com	om	1						Fax	x (opti	ional)									
Owner other  (Agent of own in line 1 of the property of the p	than corporation or parties of the corporation of parties and that the ownerment of account and he correct to the best of my k (1986)]	artnership tion or pa wher is no is a corpora hereby decknowledge  X  Enter an e Enter sign	partninot a pration eclaringe, ir	rone, () I am  rtnersl; a corp, (identified a	whip) I a coordinate of the bound of the bou	m the an or pa mer (if malty of and b	duly autitnership a partne f law tha elief, an	e syster horized b; or ership) c at all sta d are m	m as i	ident int of t lega ents c in goo	tified ir the ow	n line vner ov y iden conta h.	1 of spa f the cat tified as ined her	ace B; oble sys	tem as						
	LEGAL NAME OF OWNER TDS Broadband Serv  CHANNELS Instructions: You must to its subscribers, and (2  1. Enter the total numbe system carried televisi  2. Enter the total numbe on which the cable sys and nonbroadcast sen  INDIVIDUAL TO BE CO we can contact about th  Name  Pegg  Address  24 D  (Numb  Nort  CERTIFICATION (This st  I, the undersigned, here  (Owner other  (Agent of own in line 1 of  X (Officer or pa in line 1 of  I have examined the sta are true, complete, and co	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC  CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to 1. Enter the total number of channels on which system carried television broadcast stations on which the cable system carried television and nonbroadcast services	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC  CHANNELS Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total num.  1. Enter the total number of channels on which the call system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC  CHANNELS Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total number.  1. Enter the total number of channels on which the cable system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC  CHANNELS Instructions: You must give (1) the number of channels on white its subscribers, and (2) the cable system's total number of at 1. Enter the total number of channels on which the cable system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC  CHANNELS Instructions: You must give (1) the number of channels on which the to its subscribers, and (2) the cable system's total number of activated.  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 and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS we can contact about this statement of account.)  Name Peggy Smykal  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  CERTIFICATION (This statement of account must be certified and sign in line 1 of space B and that the owner is not a corporation or partnership) I am the owner of space B and that the owner is not a corporation in line 1 of space B and that the owner is not a corporation in line 1 of space B and that the owner is not a corporation in line 1 of space B and that the owner is not a corporation in line 1 of space B and that the owner is not a corporation in line 1 of space B and that the owner is not a corporation in line 1 of space B.  1 have examined the statement of account and hereby declare under per are true, complete, and correct to the best of my knowledge, information, [18 U.S.C., Section 1001(1986)]  X /s/ Aman Enter an electronic sign Enter signature using a strength of the signature using a large and correct to the best of my knowledge, information, [18 U.S.C., Section 1001(1986)]	CHANNELS Instructions: You must give (1) the number of channels on which the cable to its subscribers, and (2) the cable system's total number of activated charn.  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 and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEED we can contact about this statement of account.)  Name Peggy Smykal  Address 24 Depot Square, Unit 2 (Number, street, rural route, apertment, or suite number) Northfield, VT 05663 (City, town, state, zip)  Email finance@tdstelecom.com  CERTIFICATION (This statement of account must be certified and signed in in line 1 of space B and that the owner is not a corporation or partnership) I am the owner of the in line 1 of space B and that the owner is not a corporation or partner (if in line 1 of space B.  1 I have examined the statement of account and hereby declare under penalty of are true, complete, and correct to the best of my knowledge, information, and be [18 U.S.C., Section 1001(1986)]  X /s/ Amanda K.  Enter an electronic signature of Enter signature using an "/s/ s  Typed or printed name:  Amanda K. M.  Title:  Assistant Treasurer (Title of official position held in corporation or partnership) and the corporation of the long position held in corporation or line to official position held in corporation or line to other lines and lines are lines and lines are lines and	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels of 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 and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Ide we can contact about this statement of account.)  Name Peggy Smykal  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  CERTIFICATION (This statement of account must be certified and signed in accorded to the unit of space B and that the owner is not a corporation or partnership in line 1 of space B and that the owner is not a corporation or partnership in line 1 of space B and that the owner is not a corporation or partnership in line 1 of space B.  1 have examined the statement of account and hereby declare under penalty of law the are true, complete, and correct to the best of my knowledge, information, and belief, and the complete, and correct to the best of my knowledge, information, and belief, and the complete, and correct to the best of my knowledge, information, and belief, and the complete, and correct to the best of my knowledge, information, and belief, and the complete, and correct to the best of my knowledge, information, and belief, and the complete, and correct to the description of partnership in the durance of the complete, and correct to the description of partnership in the durance of the complete, and correct to the description of my knowledge, information, and belief, and the complete, and correct to the description of my knowledge information of partnership in the durance of the complete of the complete of the complete of the complete of the	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carriet to its subscribers, and (2) the cable system's total number of activated channels during the system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify a we can contact about this statement of account.)  Name Peggy Smykal  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  CERTIFICATION (This statement of account must be certified and signed in accordance we in line 1 of space B and that the owner is not a corporation or partnership) I am the duly authorized in line 1 of space B and that the owner is not a corporation or partnership, or In line 1 of space B.  1 I have examined the statement of account and hereby declare under penalty of law that all stare true, complete, and correct to the best of my knowledge, information, and belief, and are more than a corporation or partnership or the line 1 of space B.  Typed or printed name:  Amanda K. Moore  Title:  Assistant Treasurer (Title of official position held in corporation or partnership) (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried te to its subscribers, and (2) the cable system's total number of activated channels during the act it its subscribers, and (2) the cable system's total number of activated channels during the act system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an incidence of the caple system carried television broadcast stations and nonbroadcast services  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an incidence of the caple system carried television broadcast stations and nonbroadcast services  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an incidence of the caple (Identify an incidence of the caple of the	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried televis to its subscribers, and (2) the cable system's total number of activated channels during the account.  1. 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Name Peggy Smykal  Address  24 Depot Square, Unit 2 (Number, steet, rual route, apartment, or suite number) Northfield, VT 05663 (Chy, lown, sale, zap)  Email finance@tdstelecom.com Fax (opt  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright O  1. I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in in in 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partners) I am an officer (if a corporation) or a partner (if a partnership) of the legal entit in line 1 of space B and that the owner is not a corporation or partnership) of law that all statements of fact are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fait (IS U.S.C., Section 1001(1986))  Typed or printed name:  Amanda K. Moore  Enter an electronic signature on the line above to certify this senter signature using an 71/s signature* (e.g., 1/s) John Smith)  Typed or printed name:  Amanda K. Moore	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast 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 which the cable system carried television broadcast stations and nonbroadcast services.  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  24 Depot Square, Unit 2 [Number, street, rural route, apartment, or suite number) Northfield, VT 05663 (City, town, state, zp)  Email finance@idstelecom.com Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office r  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partners) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity iden 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 contains true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  Typed or printed name:  Assistant Treasurer  (Title of official position held in corporation or partnership)	LEGAL NAME OF OWNER OF CABLE SYSTEM. TDS Broadband Service LLC  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stati 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 which the cable system carried television broadcast stations and nonbroadcast services.  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  Telept Address  24 Depot Square, Unit 2 (Nimbs. street, rural rose, appartment, or suite number) Northfield, VT D6663 (City, Ioan, site, site, site)  Email  finance@tdstelecom.com  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulating the interest of the company of the cable system as identified in line 1 of space in in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) am an officer (if a corpo	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC  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. 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(Owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; in line 1 of space B and that the owner is not a corporation or partnership; or  (Office or partnership) I am and the duly authorized agent of the owner of the cable system as identified as owner in line 1 of space B and that the owner is not a corporation or partnership; or  (Office or partnership) am and 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.  Typed or printed name:  Amanda K. Moore  Title:  (Title of official positions from partnership))	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC  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 on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services.  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  Telephone (802)  Address  24 Depot Square, Unit 2 (Neuriter, street, runal rouse, appriment or sults number)  Northfield, VT 05663 (Cty, lows, state, 29)  Email  Insance@didstelecom.com  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership, or  X (Officer or partnersh) am an officer (if a corporation) or partnership, or  X (Officer or partnersh) am an officer (if a corporation) or partnership, or  X (officer or partnersh) am an officer (if a corporation) or partnership, or the line above to certify this statement.  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:  (Title of official position held in copporation or partnership)	LECAL NAME OF OWNER OF CABLE SYSTEM: TOS Broadband Service LLC  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 advised channels on which the cable system carried television broadcast stations and nonbroadcast services.  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name Peggy Simykal  Telephone (802) 485:  Address  24 Depot Square, Unit 2  (Plutinet: rises, trait pote, septement, or sale number)  Northfield, VT 0563  City, bown, size, 39  Email  finance@idstelecom.com  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Capyright Office regulations)  1. In europrisping, hereby certify that (Check one, but only one, of the boxes,)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or  (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or  (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or  (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or  (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or  (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or  (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or  (Agent of owner other than cor	LECAL NAME OF OWNER OF CASILE SYSTEM: TOS Broadband Service LLC  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 systems total number of advanted channels during the accounting period.  1. 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Addres	LECAL NAME OF OWNER OF CABLE SYSTEM: TOS Broadband Service LLC  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 owner of channels on which the cable system carried television broadcast stations  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 and nonbroadcast services.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  2. 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(Officer or partnersh) International Composition of partnership	LECAL NAME OF OWNER OF CARLE SYSTEM TOS Broadband Service LLC  CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations but subscribers, and (2) the cable systems 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 which the cable system carried television broadcast stations and nonbroadcast services.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  2. Enter the total number of activated channels on which the cable system and foreign on the statement of account.)  NONITIONAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.)  None Peggy, Smykal  Telephone (802), 485-9748  Address  2. Depot Square, Unit 2  ***********************************	ECAN NAME OF CWARS OF CABLE SYSTEM: TOS Broadband Service LLC   CHANNELS   Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to be subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Einter the total number of activated channels on which the cable system carried television broadcast stations and included television broadcast stations.  2. 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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	29451
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 Mailing Address Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x 0.00274	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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