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	08/23/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20181 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		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	TDS Broadband Service LLC	3170
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or n	ated communities within unincorporated areas and including single, It you list will serve as a form of system identification hereafter known ngs.
Area Served	identified city.	ioblie nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	WOODLAND PARK	СО
Community	WOODLAND PARK TELLER	СО
Add Rows as Necessary		

Name									TEM ID
	TDS Broadband Service								317
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								
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary each category by counting the ne								
Rales	separately for the particular serv							charged	
	Rate: Give the standard rate c	harged for eac	h categ	ory of service. I	nclude bo	th the amount o	f the charg		
	unit in which it is generally billed	· · ·			ny standai	rd rate variations	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of ser	ondary transmis	sion servir	e 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 of					I in the count un	der "Servie	ce to the	
	Block 2: If your cable system I					service that are	different f	rom those	
	printed in block 1 (for example, the								
	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	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		51 6	25 70					
	Service to first set Service to additional act/a)		516	35.70					
	Service to additional set(s) EM radio (if concrete rate)								
	• FM radio (if separate rate) Motel, hotel		20	5.99-14.58					
	Commercial		20	5.55-14.56					
	Converter								
	Residential		305	3.50-17.00					
	Non-residential			0.00 11.00					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
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	it in which it is							
Secondary	enter only the letters "PP" in the		ha aabl	a avatam far aa	ab af tha	andiaahla aan <i>i</i> is	an linted		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	tion and incluc	le the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	11.40-19.99		tel, hotel					
	Pay cable—add'l channel			mmercial					
	Fire protection			y cable	oppel				
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential	20.05.20.00		e protection					
	First set	29.95-39.96		rglar protection					
	Additional set(s) EM radio (if sonarato rato)	24.95		services:		25.00			
	FM radio (if separate rate) Converter			connect connect		25.00			
	- CONVERCE			tlet relocation		24.05			
			1 •0u	uet relocation		24.95			1

ng Period:				OVOTEM		
ame	LEGAL NAME OF OWNER OF			SYSTEM 31		
	TDS Broadband Serv PRIMARY TRANSMITTERS:			v i		
G mary mitters: evision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do not list the station here, station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these to Column 4: Give the location	entify every television station (including of m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.63 explained in the next paragraph. Se with respect to any distant stations car ules, regulations, or authorizations: re in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educated totions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).		
	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	I	Colorado Springs, CO		
ecessary	KOAA	5.1	N	Pueblo, CO		
	KUSA	9.1	Ν	Denver, CO		
	KTSC	8.1	E	Pueblo, CO		

ounting Period:	-			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	TDS Broadband Serve	ice LLC		317
	PRIMARY TRANSMITTERS:	TELEVISION		
^		entify every television station (including		
G		m during the accounting period, except		
Deline e m /	0	in effect on June 24, 1981, permitting th	5 1 5	L
Primary Fransmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.		ons carried on a
Television		: With respect to any distant stations ca	arried by your cable system on a subs	titute program
		ules, regulations, or authorizations:) (64)
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (th a substitute basis	he Special Statement and Program Lo	bg)—if the
	,	also in space I, if the station was carried	d both on a substitute basis and also o	on some other
	basis. For further information	on concerning substitute basis stations,	see page (v) of the general instruction	ns.
		n's call sign. <i>Do not</i> report origination p	•	-
	"WETA-2" as the same on t	d with a station according to its over-the the form	e-air designation. For example, report	i multistream
		el number the FCC assigned to the telev	vision station for broadcasting over th	e air in its community
		RC is channel 4 in Washington, D.C.		
		case whether the station is a network s	-	
		ering the letter "N" (for network), "N-M" (for network), "F" (for noncommercial educational), o		
	(for independent multicast),	, "E" (for noncommercial educational), o	r "E-M" (for noncommercial education	
	(for independent multicast), For the meaning of these te	•	or "E-M" (for noncommercial education ctions in the paper SA1-2 form.	nal multicast).
	(for independent multicast), For the meaning of these te Column 4: Give the locatio	, "E" (for noncommercial educational), o erms, see page (iv) of the general instru	or "E-M" (for noncommercial education octions in the paper SA1-2 form. the community to which the station is	nal multicast). Icensed by the
	(for independent multicast), For the meaning of these te Column 4: Give the locatio	"E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list	or "E-M" (for noncommercial education octions in the paper SA1-2 form. the community to which the station is	nal multicast). Icensed by the
	(for independent multicast), For the meaning of these te Column 4: Give the locatio	"E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list	or "E-M" (for noncommercial education octions in the paper SA1-2 form. the community to which the station is	nal multicast). Icensed by the
	(for independent multicast), For the meaning of these te Column 4: Give the locatio	"E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list	or "E-M" (for noncommercial education octions in the paper SA1-2 form. the community to which the station is	nal multicast). Icensed by the
	(for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canad	"E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial education octions in the paper SA1-2 form. the community to which the station is the community with which the station is	nal multicast). Iccensed by the s identified.
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	(for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canad	"E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial education octions in the paper SA1-2 form. the community to which the station is the community with which the station is	nal multicast). Iccensed by the s identified.
	(for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canad	"E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial education octions in the paper SA1-2 form. the community to which the station is the community with which the station is	nal multicast). Iccensed by the s identified.
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	(for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canad	"E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial education octions in the paper SA1-2 form. the community to which the station is the community with which the station is	nal multicast). Iccensed by the s identified.
	(for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canad	"E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial education octions in the paper SA1-2 form. the community to which the station is the community with which the station is	nal multicast). Iccensed by the s identified.
	(for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canad	"E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial education octions in the paper SA1-2 form. the community to which the station is the community with which the station is	nal multicast). Iccensed by the s identified.
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	(for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canad	"E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial education octions in the paper SA1-2 form. the community to which the station is the community with which the station is	nal multicast). Iccensed by the s identified.
	(for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canad	"E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial education octions in the paper SA1-2 form. the community to which the station is the community with which the station is	nal multicast). Iccensed by the s identified.
	(for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canad	"E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of th	or "E-M" (for noncommercial education octions in the paper SA1-2 form. the community to which the station is the community with which the station is	nal multicast). Iccensed by the s identified.
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EGAL NAME OF			YSTEM:					SYSTEM I 31
	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 a cor detailed info aper SA1-2 for Column 1: Ic Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the s opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed 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 jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/5				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
J/A								

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	TDS Broadband Service	ce LLC						3170
	SUBSTITUTE CARRIAGI				3			
I	In General: In space I, identi substitute basis during the a	ify <i>every noi</i> ccounting pe	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati C rules, regul	ations, or autho	orizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the p	aper SA1-	2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basi	s, any nonnet	work televisio	n program	
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist 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			rows to the tables. ision program ("substitute p	orogram") tha	t during the a	ccounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further in	nformatior	
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	Lucy" or	
	"NBA Basketball: 76ers vs.		loast live enter	r "Yes." Otherwise enter "N	lo "			
				isting the substitute progra				
	Column 4: Give the broa	adcast static	on's location (th	ne community to which the	station is lice		CC or, in	
	the case of Mexican or Can						h tha man	th
	first. Example: for May 7 give		when your sys	tem carried the substitute p	brogram. Use	numerais, wit	n the mon	tri
			substitute pro	gram was carried by your o	cable system.	List the times	accuratel	у
	to the nearest five minutes.							-
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that w		o roquiro	d
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
					WHE	N SUBSTITU	JTE	
	s	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCUF		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM —	ES TO	DELLTION
						_		
								1

	LEG	AL NAME	OF OW	NER OF (CABLE	SYSTE	EM:												S	YSTEM
Name	TD	S Broa	adbar	nd Ser	vice	LLC	;													3
K Gross Receipts	Ins all a (as	amounts identifie je (vii) o	ns: The s (gros ed in s of the g	e figure ss receip	pts) p) durir instru	aid to ng the	o your e acco s loca	r cable ountin ated ir	e syster ng perio n the pa	n by s d. For iper S	ubscr a furt A1-2 f	ibers f her ex orm.	or the plana	system	n's se	ount you pa econdary t to compute	ransr	nission	servic	
	IME			ccountir ou must														\$ (Amou		2,125.1 oss receipts
	-											in ing :	91000	receipt				(Alloc	int of git	
L Copyright Royalty Fee	Instru • Cor • Use • Use • Use	uctions mplete b block block 2 block 2 block 3	: To co block 1 1 if the 2 if the 3 if the		the ro 2, or nt of g nt of g nt of g	oyalty r block gross i gross i gross i	k 3. receip receip receip	pts in pts in pts in	space space space	K is m K is m	ore the	an \$13 an \$20	37,10 63,80	0 but le	ss th	an or equa an \$527,6 1.		263,80	0	
							BLO	CK 1:	GROS	SS RE	CEIP	TS OI	= \$13	7,100 (OR L	ESS				
				cable sy is \$52.0		with g	gross	receip	ots of \$1	37,10	0 or le	ess, the	e roya	ty fee th	nat yo	ou must pay	/ for t	nis six-r	nonth	
	Line	e 1. Rov	altv fee	e for acc	counti	na pei	riod .													
						• •														0.0
	LITE	; z. mei	esten	arge. E	inter ti	ne an	lount	ITOTT	ine 4, s	Jace	z, pag	eo					• •			0.0
	Line	3. TOT	AL RO	OYALTY	Y FEE	E PAY	ABLE	E FOR	ACCO	UNTIN	IG PE	RIOD	Add I	nes 1 a	nd 2 .					
				BL	OCK	2: GF	ROSS	S RE	CEIPT	SOF	\$263,	800 C	RLE	SS (bu	t mo	re than \$1	37,1	00)		
	1. E	ase am	ount u	nder sta	itutory	/ form	ula							\$		263,800.	00			
	2. E	inter am	ount o	f gross i	receip	ots fror	m spa	ace K						\$		142,125.11				
				from line												121,674.				
															-	\$		12,125	.11	
															-	\$		21,674	.89	
															_	\$		20,450		
	7. N	lultiply li	ne 6 b	y .005 (enter	figure	+ here)									·· -	\$		102.2
	8. lı	nterest c	harge.	Enter	the an	nount	from	line 4	, space	Q, pag	ge 8 .						···· <u>-</u>			0.0
	9. T	OTAL F	ROYAL	TY FEE	Ε ΡΑΥ	(ABLE	e fof	R ACC	COUNT	NG P	ERIO	D. Add	lines	7 and 8			···-	\$		102.2
				BLO	OCK 3	3: GR(OSS	REC	EIPTS	OF N	IORE	THAN	\ \$26	3,800 (but le	ess than \$	6527,	600)		
	1. E	inter the	amou	int of gro	oss re	ceipts	s from	space	e K											
				nder sta												263,800.	00			
	4. N	/ultiply l	ine 3 b	oy .01																
	5. F	Royalty c	lue on	the first	\$263	3,800 c	of gro	ss rec	eipts (u	nder s	tatuto	ry form	ula).		- 	\$		1,319	.00	
	6. lı	nterest c	harge.	. Enter f	the ar	mount	from	line 4	, space	Q, pa	ge 8 .							0	.00	
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Total Remittance Due				the inst			-												.00	
	2.1	iiiig i ei	5 (066		lucio	113 101	more	;	nauon		y iee t	Jaicula	uons)			Ψ	Г	20	.00	
	3. Т	OTAL /	MOU	NT DUE	FOR		OUN	TING	PERIO	D. Ad	d line	s 2 ano	d 3					\$		122.2

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: and Service LLC				SYSTEM ID# 3170
M Channels	 to its subscribe 1. Enter the tol system carrie 2. Enter the tol on which the 	ers, and (2) the cable system's 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 si	n which the cable system carried tele of activated channels during the acc	ounting period.	7 269
N Individual to Be Contacted		O BE CONTACTED IF FURTH t about this statement of accou		IATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name	Peggy Smykal			Telephone	802) 485-9748
	Address	24 Depot Square, Ur (Number, street, rural route, apar		number)		
		Northfield, VT 05663 (City, town, state, zip)	3			
	Email	finance@tdstel	lecom.com		Fax (optional)	
O Certification	• I, the undersig	ned, hereby certify that (Check o	one, <i>but only o</i>			
	(Age i X (Off	ent of owner other than corpora in line 1 of space B and that the o icer or partner) I am an officer (in line 1 of space B.	ation or partn owner is not a (if a corporatio	n) or a partner (if a partnership) of the	t of the owner of the cable sys	tem as identified
	are true, comple		y knowledge, i	e under penalty of law that all stateme nformation, and belief, and are made in		
			Enter an ele	s/ Amanda K. Moore ctronic signature on the line above to co ure using an "/s/ signature" (e.g., /s/ Jo	,	
		Typed or printed	d name:	Amanda K. Moore		
		Title: (Title of		nt Treasurer held in corporation or partnership)		
		Date:			21 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 telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lav

unting Period: 2018/1		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM II
Broadband Service LLC		317
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 addination lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not i scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section for more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmised by satellite carriers to satellite dish owners? NO	ne basic include sub- ion 119." ns	P Special Statement Concerning Gross Receipts Exclusion
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 under		
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA		Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA		Q Interest Assessmen
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