This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

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

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2018/1 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		TDS Broadband Service LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Baja Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

	LECAL NAME OF CHARLED OF CARLE CYCTEM.	FORM SA1-2E. PAC SYSTEM
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	TDS Broadband Service LLC	36
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including singl at you list will serve as a form of system identification hereafter kno lings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	PRINEVILLE	OR
Community		
Rows as Necessary		

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3652

TDS Broadband Service LLC

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	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	SUBSCRIBERS	IVAIL	CATEGORY OF SERVICE	SOBSCRIBERS	IXAIL	
Service to first set	1,370	29.49				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel	35	29.49				
Commercial	9	29.49				
Converter						
Residential	1,370	1.95				
Non-residential	44	1.95				
ſ		l		1	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.

	BLO	CK 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RAT
Continuing Services:		Installation: Non-residential				
 Pay cable 	16.15	Motel, hotel	32.00			
 Pay cable—add'l channel 	8.60	Commercial	32.00			
 Fire protection 		Pay cable				
Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
 First set 	32.00	Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect	19.20			
 Converter 		Disconnect				
		Outlet relocation	29.00			
		Move to new address	15.00			
				1 [

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3652

4. LOCATION OF STATION

TDS Broadband Service LLC PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

G

Primary Transmitters: Television

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

76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

II O/IEE OIOII	21 B ONOT OTHER REPORTED	611112 61 611111611	41 200/(1101) 01 01/(1101)
KATU	2.1	N	Portland, OR
KATU-DT2	2.2	N-M	Portland, OR
KATU-DT3	2.3	N-M	Portland, OR
KATU-DT4	2.4	N-M	Portland, OR
KOHD	51.1	N	Bend, OR
KOIN	6.1	N	Portland, OR
KOIN-DT2	6.2	N-M	Portland, OR
KOIN-DT3	6.3	N-M	Portland, OR
KPTV	12.1	N	Portland, OR
KPTV-DT2	12.2	N-M	Portland, OR
KPTV-DT3	12.3	N-M	Portland, OR
KGW	8.1	N	Portland, OR
KGW-DT2	8.2	N-M	Portland, OR
KGW-DT3	8.3	N-M	Portland, OR
KTVZ	21.1	N	Bend, OR
KTVZ-DT2	21.2	N-M	Bend, OR
KPDX	49.1	<u> </u>	Portland, OR
KPDX-DT2	49.2	I-M	Portland, OR
KPDX-DT3	49.3	I-M	Portland, OR
KPDX-DT4	49.4	I-M	Portland, OR
KOAB	3.1	E	Bend, OR
KOAB-DT2	3.2	E-M	Bend, OR
KOAB-DT3	3.3	E-M	Bend, OR
KQRE-LD	19.1	<u> </u>	Bend, OR
KUNP-LD	47.1	l	Portland, OR

3. TYPE OF STATION

Add Rows as Necessary

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#					
Name	TDS Broadband Serv	rice LLC		3652					
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KUNP-DT2	47.2	I-M	Portland, OR					
	KUNP-DT3	47.3	I-M	Portland, OR					

FORM SA1-2E. PAGE 3.

Accounting Period: 2018/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

3652

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	 						
	 						
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Accounting Perio		04015000	TEA.4				FOR	M SA1-2E. PAGE 5.		
Name	LEGAL NAME OF OWNER OF TDS Broadband Servi		I EIVI.					SYSTEM ID# 3652		
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the pager SA1.2 form									
Substitute Carriage: Special Statement and Program Log	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 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 with 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 lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	and regulation	ons in effect du rour system wa	ring the accounting perions permitted to delete und	d; enter the le er FCC rules a	tter "P" if the and regulation	e listed progra ons in	am		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		URRED TIMES — TO	7. REASON FOR DELETION		

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM ID#
	TDS Broadband Service LLC				3652
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a 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 explanati 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.	system's sion of how	econdary trans to compute this	mission servi s amount, see	ce
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	but less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that yo	ou must pay for	this six-month	
	Line 1. Royalty fee for accounting period			·	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	es 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES		ore than \$137,	100)	
	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	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but I	ess than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	292,432.50		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	28,632.50		
	4. Multiply line 3 by .01	· · · · · · · · · · · · · · · · · · ·	\$	286.33	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	· · · · · · · · · · · · · · · · · · ·	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6		\$	1,605.33
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	· · · · · · · · · · · · · · · · · · ·	\$	1,605.33	
Due	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			\$	1,625.33
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		_		ghts!

: 2018/1									FORM SA1-2E. PAG	GE 7
									SYSTEM 30	1 ID# 652
to its subscribers, and of the	(2) the cable system's to er of channels on which ion broadcast stations. er of activated channels stem carried television I	total number th the cable s broadcast	er of activate	d channels dur	ring the acc	counting period	d.		27 216	
			RMATION IS	NEEDED (Ide	ntify an ind	lividual to who	m			
Name Peg	gy Smykal						Telephone	(802) 485-9	748	
(Numb	per, street, rural route, apartn	ment, or suite	te number)							
Email		ecom.com	n			Fax (optiona	l)			
Owner other (Agent of ow in line 1 c X (Officer or p in line 1 c I have examined the stare true, complete, and ce	reby certify that (Check on the corporation or partner other than corporation or partner) I am an officer (if if space B. attendent of account and herorect to the best of my be (1986)] Typed or printed Title:	artnership, ation or par owner is not if a corporat hereby decl knowledge Enter an e Enter sign	y one, of the boy one, of the boy one, of the boy of th	mer of the cable mer (if a partner malty of law that and belief, and da K. Moore ature on the line mer's/s/signature mer'	e system as norized ager; or ship) of the tall statemed are made	identified in line ont of the owner e legal entity ide ents of fact con in good faith. certify this state ohn Smith)	e 1 of space B of the cable sy intified as own tained herein	stem as identifi		
	LEGAL NAME OF OWNER TDS Broadband Service CHANNELS Instructions: You must to its subscribers, and (1. Enter the total number of system carried televises. The system carried televises and nonbroadcast service can contact about the system can can can contact about the system can can contact about the system can can can contact about the system can	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 it oits subscribers, and (2) the cable system's it. Enter the total number of channels on which system carried television broadcast stations. 2. Enter the total number of activated channel 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 number. 1. Enter the total number of channels on which the cable system carried television broadcast stations	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 activate 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 cable system to its subscribers, and (2) the cable system's total number of activated channels due of its subscribers, and (2) the cable system's total number of activated channels on which 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 accordated and in the composition of partnership) I am the owner of the cable of the cable of the composition of 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. I have examined the statement of account and hereby declare under penalty of law that are true, complete, and correct to the best of my knowledge, information, and belief, and the composition of partnership in the composition of partnership in the composition of partnership in the composition of the cable in line 2 of space B. I have examined the statement of account and hereby declare under penalty of law that are true, complete, and correct to the best of my knowledge, information, and belief, and the composition of partnership in the composition of partnersh	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 activated television broadcast stations and into 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 inciver 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 with C I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the during a partnership, or X (Officer or partner) I am an officer (if a corporation) or a partnership; or X (Officer or partner) I am an officer (if a corporation) or a partnership; or the in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statemer true, complete, and correct to the best of my knowledge, information, and belief, and are made [18 U.S.C., Section 1001(1986)] Typed or printed name: Amanda K. Moore Enter signature using an "/s/ signature" (e.g., /s/ J. 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 broad to its subscribers, and (2) the cable system's total number of activated channels during the accounting period 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 (Identify an individual to whow we can contact about this statement of account.) Name Peggy Smykal Address 24 Depot Square, Unit 2 (Number, street, rual route, apartment, or suite number) Northfield, VT 05663 (City, bown, state, zip) Email finance@tidstelecom.com Fax (options CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office In the other of the cable system as identified in line (Agent of 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 in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partnership; of the legal entity ide 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 con 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: * Assistant Treasurer* (Title of official position heid in corporation or partnership)	LECAL NAME OF CWNER 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 activated 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 Telephone Address 24 Depot Square, Unit 2 (Norther, street, unit reals, spatierers, or aude number) Northfield, VT 05663 (City, town, state, rg) Email finance@idstelecom.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (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 coporation or partnership; or (Office or partner) I am an efficer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a coporation or partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a coporation or partnership; or X (office or partner) I am an efficer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B and that the owner is not a coporation or partnership) of the legal entity identified as own in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statements of fact contained	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. 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(Owner other than corporation or partnership) I am the outer of the cable system as identified in line 1 of space B and that the owner is not a copporation or partnership; or 2. (Officer or partnership in an another (if a corporation or partnership) or the legal entity identified as owner of the cable system as identified in line 1 of space B and that the owner is not a copporation or partnership; or 3. (Officer or partnership in an another (if a corporation or partnership) or the legal entity identified as owner of the cable system as identifie

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

counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
OS Broadband Service LLC	3652
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 Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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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