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 COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instructions are located in the first tab of this workbook	2/21/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
		20182 Data Pling Period (optional - see instructions)	
Accounting Period			
		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	
В		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.	14210
		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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	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		SYSTEM ID#
	TDS Broadband Service LLC	14210
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete 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.	nmunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	ome parks should be reported in parentheses below the
		STATE
First Community	SEMINOLE DENVER CITY	TX TX
	SEAGRAVES	TX
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name	TDS Broadband Service							010	1421
	TDS Broauband Service								
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting periodo Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate of	pace E should on of television bay cable) in sp I (June 30 or D n blocks in space y transmission umber of billing ice at the rate in harged for eac	cover a and rac ace F, ecembe ce E ca service is in that ndicate h categ	all categories of dio broadcasts I not here. All the er 31, as the ca- Il for the number . In general, you at category (the ed—not the num jory of service. I	secondar by your sy facts you se may be r of subsc u can com number o ber of set nclude bo	stem to subscrit state must be t b). ribers to the cat pute the numbe f persons or org s receiving servi th the amount o	bers. Give hose existi ble system r of subscr anizations ice). f the charg	information ng on the , broken ibers in charged e and the	
	unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a	counts allowed in space E, the to their subsc where an ind should be cour able service to a proce again und has rate catego iers of services	for adva e form I ribers. (dividual nted as addition er "Sen ories for that in	ance payment. ists the categor Give the numbe or organization a subscriber in al sets would b vice to additionar r secondary tran clude one or mo	ies of seco r of subsc is receivi each appl e included il set(s)." ismission ore second	ondary transmis ribers and rate f ng service that f licable category. I in the count un service that are dary transmissio	sion servic or each lis alls under Example: der "Servic different fr ns), list the	te that cable ted category different a residential ce to the rom those em, together	
	sufficient.		, ngnt-i						
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF	<u> </u>
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		918	34.72					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel		116	5.99-15.67					
	Commercial								
	Converter Residential		405	3.50-17.00					
	Non-residential		-00	5.50-17.00					
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscrib hose services to re two exceptio or facilities furr hit in which it is rate column. te charged by to t your cable system separate charg	ber) info that are ns: you hished t usually he cabl stem fur e was r	ermation with re- enot offered in c do not need to o nonsubscribe billed. If any ra e system for ea rnished or offere made or establis	spect to al ombinatio give rate rs. Rate in tes are ch ch of the a ed during f	n with any seco information cond formation shoul arged on a varia applicable servic the accounting p	ndary trans cerning (1) d include b able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RAT
	Pay cable	7.4-19.99		otel, hotel	acilidi				
	• Pay cable—add'l channel			mmercial					
	Fire protection		•Pa	y cable					
	 Burglar protection 			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	29.95-39.96		rglar protection					
	Additional set(s) EM radio (if soparato rato)	19.98-24.95		services:		25.00			
	FM radio (if separate rate) Converter		-	connect sconnect		25.00			
	CONVEREN								
				itlet relocation		19.98-24.95			

				FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER O			142 142
	PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location	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- e carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. .PN, etc. Identify each oort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КАМС	28.1	N	Lubbock, TX
	KLBK	13.1	N	Lubbock, TX
	KOSA	7.1	N	Odessa, TX
	KJTV	34.1		Lubbock, TX
ws as Necessary	KJTV-CD	32.1	I-M	Lubbock, TX
		V2.1		
ws as necessary		11 1	Ν	
ws as Necessary	KCBD	11.1	N	Lubbock, TX
ws as Necessary	KCBD KCBD-DT2	11.2	N N-M	Lubbock, TX
ws as Necessary	KCBD KCBD-DT2 KLCW	11.2 22.1	N-M I	Lubbock, TX Lubbock, TX
ws as necessary	KCBD KCBD-DT2 KLCW KUPT-DT2	11.2 22.1 22.2		Lubbock, TX Lubbock, TX Lubbock, TX
ws as necessary	KCBD KCBD-DT2 KLCW KUPT-DT2 KUPB	11.2 22.1 22.2 18.1	N-M I I-M I	Lubbock, TX Lubbock, TX Lubbock, TX Midland, TX
ws as inelessary	KCBD KCBD-DT2 KLCW KUPT-DT2 KUPB KUPB-DT2	11.2 22.1 22.2 18.1 18.2	N-M I I-M I I-M	Lubbock, TX Lubbock, TX Lubbock, TX Midland, TX Midland, TX
ws as inelessary	KCBD KCBD-DT2 KLCW KUPT-DT2 KUPB KUPB-DT2 KXTQ	11.2 22.1 22.2 18.1 18.2 46.1	N-M I I-M I-M I I	Lubbock, TX Lubbock, TX Lubbock, TX Midland, TX Midland, TX Lubbock, TX
ws as inelessary	KCBD KCBD-DT2 KLCW KUPT-DT2 KUPB KUPB-DT2 KXTQ KTTZ	11.2 22.1 22.2 18.1 18.2 46.1 5.1	N-M I I-M I I-M I E	Lubbock, TX Lubbock, TX Lubbock, TX Midland, TX Midland, TX Lubbock, TX Lubbock, TX
ws as inelessary	KCBD KCBD-DT2 KLCW KUPT-DT2 KUPB KUPB-DT2 KXTQ KTTZ KMLM	11.2 22.1 22.2 18.1 18.2 46.1 5.1 42.1	N-M I I-M I-M I I	Lubbock, TX Lubbock, TX Lubbock, TX Midland, TX Midland, TX Lubbock, TX Lubbock, TX Odessa, TX
ws as inelessally	KCBD KCBD-DT2 KLCW KUPT-DT2 KUPB KUPB-DT2 KXTQ KTTZ KMLM KLBB-LP	11.2 22.1 22.2 18.1 18.2 46.1 5.1 42.1 48.1	N-M i i-M i i-M i i i i i i i i i i i i i	Lubbock, TX Lubbock, TX Lubbock, TX Midland, TX Midland, TX Lubbock, TX Lubbock, TX Odessa, TX Lubbock, TX
ws as inelessally	KCBD KCBD-DT2 KLCW KUPT-DT2 KUPB KUPB-DT2 KXTQ KTTZ KMLM	11.2 22.1 22.2 18.1 18.2 46.1 5.1 42.1	N-M I I-M I I-M I E	Lubbock, TX Lubbock, TX Lubbock, TX Midland, TX Midland, TX Lubbock, TX Lubbock, TX Codessa, TX
ws as inelessally	KCBD KCBD-DT2 KLCW KUPT-DT2 KUPB KUPB-DT2 KXTQ KTTZ KMLM KLBB-LP	11.2 22.1 22.2 18.1 18.2 46.1 5.1 42.1 48.1	N-M i i-M i i-M i i i i i i i i i i i i i	Lubbock, TX Lubbock, TX Lubbock, TX Midland, TX Midland, TX Lubbock, TX Lubbock, TX Odessa, TX Lubbock, TX
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ws as inelessally	KCBD KCBD-DT2 KLCW KUPT-DT2 KUPB KUPB-DT2 KXTQ KTTZ KMLM KLBB-LP	11.2 22.1 22.2 18.1 18.2 46.1 5.1 42.1 48.1	N-M i i-M i i-M i i i i i i i i i i i i i	Lubbock, TX Lubbock, TX Lubbock, TX Midland, TX Midland, TX Lubbock, TX Lubbock, TX Odessa, TX Lubbock, TX
ws as inelessally	KCBD KCBD-DT2 KLCW KUPT-DT2 KUPB KUPB-DT2 KXTQ KTTZ KMLM KLBB-LP	11.2 22.1 22.2 18.1 18.2 46.1 5.1 42.1 48.1	N-M i i-M i i-M i i i i i i i i i i i i i	Lubbock, TX Lubbock, TX Lubbock, TX Midland, TX Midland, TX Lubbock, TX Lubbock, TX Odessa, TX Lubbock, TX
ws as inelessally	KCBD KCBD-DT2 KLCW KUPT-DT2 KUPB KUPB-DT2 KXTQ KTTZ KMLM KLBB-LP	11.2 22.1 22.2 18.1 18.2 46.1 5.1 42.1 48.1	N-M i i-M i i-M i i i i i i i i i i i i i	Lubbock, TX Lubbock, TX Lubbock, TX Midland, TX Midland, TX Lubbock, TX Lubbock, TX Odessa, TX Lubbock, TX
ws as inelessally	KCBD KCBD-DT2 KLCW KUPT-DT2 KUPB KUPB-DT2 KXTQ KTTZ KMLM KLBB-LP	11.2 22.1 22.2 18.1 18.2 46.1 5.1 42.1 48.1	N-M i i-M i i-M i i i i i i i i i i i i i	Lubbock, TX Lubbock, TX Lubbock, TX Midland, TX Midland, TX Lubbock, TX Lubbock, TX Odessa, TX Lubbock, TX

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEMI
Humo	TDS Broadband Servi	ice LLC		142 [.]
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(c substitute program basis, a	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations ca	 (1) stations carried only on a part-tin the carriage of certain network program 1(e)(2) and (4))]; and (2) certain station 	me basis under ms [sections ions carried on a
relevision	basis under specific FCC ru	ules, regulations, or authorizations: e in space G—but do list it in space I (th		
	basis. For further information Column 1: List each station	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	see page (v) of the general instructio rogram services such as HBO, ESPI	ons. N, etc. Identify each
	"WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente	0	vision station for broadcasting over th station, an independent station, or a for network multicast), "I" (for independent	he air in its community noncommercial ndent), "I-M"
	(, = (
	Column 4: Give the locatio FCC. For Mexican or Canad	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	the community to which the station is	
	Column 4: Give the locatio	n of each station. For U.S. stations, list	the community to which the station is	
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of th	the community to which the station is ne community with which the station i	is identified.
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of th	the community to which the station is ne community with which the station i	is identified.
	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of th	the community to which the station is ne community with which the station i	is identified.
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	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of th	the community to which the station is ne community with which the station i	is identified.
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	Column 4: Give the locatio FCC. For Mexican or Canad	n of each station. For U.S. stations, list dian stations, if any, give the name of th	the community to which the station is ne community with which the station i	is identified.

Accounting F LEGAL NAME OF TDS Broadb	F OWNER OF O	CABLE SY	/STEM:					/ SA1-2E. PAGE SYSTEM ID 1421
								172
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G) it is carried b monitoring, to ormation abou rm. dentify the call State whether f f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process of mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ærtain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KSEM	FM	х	Seminole, TX					

Accounting Perio	od: 2018/2					FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	TDS Broadband Servic	e LLC					14210
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
I	In General: In space I, identi substitute basis during the a	fy <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> stat C rules, regul	ations, or authorizations	. For a further
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the paper SA	I-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	s, any nonne	twork television progra	
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	ust complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their meaning is	S
	clear. If you need more spa			rows to the tables. ision program ("substitute	program") tha	t during the accounting	
	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 informatio	n.
	Do not use general categor		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live enter	r "Yes." Otherwise enter "N	lo "		
				sting the substitute progra			
				e community to which the			
	the case of Mexican or Can			community with which the tem carried the substitute			nth
	first. Example: for May 7 give		when your sys		piogram. Use		i iu i
			substitute pro	gram was carried by your	cable system.	List the times accurate	ely
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	was substituted for progra	mming that v	our system was <i>require</i>	be
	to delete under FCC rules a						
	was substituted for program	ming that y					
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S		E PROGRAM			AGE OCCURRED	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. TIMES FROM — TO	5112.000
						_	
					•		
						<u></u>	
						_	
						_	
					·		
						_	
						1 	

Accounting Period:	2018/2			FORM S	GA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			ę	SYSTEM ID#
	TDS Broadband Service LLC				14210
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross	e system's s	secondary trans to compute this	mission servi s amount, sec \$ 32	се
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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more BLOCK 1: GROSS RECEIPTS OF \$13	0 but less t e informatio	han \$527,600 on.	\$263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal	Ity fee that y	ou must pay for	this six-month	1
	accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add li	ines 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,	100)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8	·····.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	¢	328,523.74		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1				
				647.24	
	4. Multiply line 3 by .01.			-	
	5. 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	4, 5, and 6 .	•••••••	\$	1,966.24
	FILING FEE AND TOTAL REMITTANCE D	JE			
Filing Foc and					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,966.24	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,986.24
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA ²		-		ghts!

Accounting Period:	2018/2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: nd Service LLC	SYSTEM ID# 14210
M Channels	to its subscribe1. Enter the to system carrie2. Enter the to on which the	You must give (1) the number of channels on which the cable system c rs, and (2) the cable system's total number of activated channels durin al number of channels on which the cable d television broadcast stations	g the accounting period.
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identi about this statement of account.)	fy an individual to whom
for Further Information	Name	Peggy Smykal	Telephone (802) 485-9748
	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	Fax (optional)
0		I (This statement of account must be certified and signed in accordanc	e with Copyright Office regulations)
Certification		ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	ystem as identified in line 1 of space B; or
	X (Off	nt of owner other than corporation or partnership) I am the duly author In line 1 of space B and that the owner is not a corporation or partnership; o cer or partner) I am an officer (if a corporation) or a partner (if a partnersh In line 1 of space B.	r
	are true, compl	ed the statement of account and hereby declare under penalty of law that a ete, and correct to the best of my knowledge, information, and belief, and a ion 1001(1986)]	
		Enter an electronic signature on the line a Enter signature using an "/s/ signature" (e	
		Typed or printed name: Amanda K. Moore	
		Title: Assistant Treasurer (Title of official position held in corporation or partnership)
		Date:	2/20/2019

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 lave

unting Period: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Broadband Service LLC	142
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?	P Special Statemer Concerning Gros Receipts Exclusio
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Name Name	
Mailing Address Mailing Address	
I	
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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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