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 COPYRIGE	HT 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	2/21/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20182 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.	3242
		T	
		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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	<u> </u>	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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	3242
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporal discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	ALPINE	TX
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:								1-2E. PAGE
Name	TDS Broadband Service	LLC								324
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 m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disco Block 1: In the left-hand block systems most commonly provide that applies to your system. Note	SERVICE: SU pace E should on of television vay cable) in sp (June 30 or Du blocks in space y transmission umber of billing ice at the rate i harged for eacl . (Example: "\$2 ounts allowed in space E, the e to their subsci e: Where an inc	cover all and radi ace F, n ecember ce E call service. s in that ndicateon n catego 0/mth"). for advase form lis ribers. G dividual of	I categories of io broadcasts ot here. All the r 31, as the ca for the numbe In general, yo category (the d—not the num ory of service. I Summarize a nce payment. sts the categor vive the numbe or organizatior	secondar by your sy a facts you se may be er of subso u can com number of ber of set include bo ny standa ies of sec er of subso n is receivi	rstem to subs a state must le). Therefore to the apute the nur f persons or rs receiving s th the amou rd rate variat ondary trans cribers and ra ng service th	scrib be the cab nbei orga servi nt of ions miss ate finat fa	ers. Give nose existi of subscr anizations ce). the charg within a p sion servic or each lis alls under	information ng on the broken ribers in charged le and the particular rate we that cable ted category different	
	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 sufficient.	ble service to a once again undo has rate catego iers of services	additiona er "Servi pries for that inc	al sets would b ice to additiona secondary tran lude one or mo	e included al set(s)." nsmission ore secon	l in the coun service that dary transmi	t uno are ssio	der "Servic different fr ns), list the	e to the rom those em, together	
	BLO	DCK 1						BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI	RS	RATE	CAT	EGORY OF	SFF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	COBCONIDI		TUTE	0/11			(VIOL	CODOCINIDEIRO	10.11
	Service to first set		329	64.85						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel		37	18.53						
	Commercial									
	Converter									
	Residential		83	3.5 - 17						
	Non-residential									
F Services Other Than Secondary ransmissions: 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) descript	e (not subscrib hose services t re two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) infor hat are in hat are in s: you of ished to usually in the cable of the furr e was m	mation with re not offered in of do not need to nonsubscribe billed. If any ra system for ea hished or offere nade or establi	spect to a combination give rate rs. Rate ir thes are ch ch of the a ed during	on with any s information of formation sh aarged on a applicable se the accounting	econ conc noulo varia ervic ng p	ndary trans erning (1) d include b ble per-pr es listed. eriod that	smission services ooth the ogram basis, were not	
		BLO							BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE		CATEG	ORY OF SERVICE	RATI
	Continuing Services:	44.4.40		tion: Non-res	idential					
	Pay cable Pay cable add'l channel	11.4-19		el, hotel						
	Pay cable—add'l channel Fire protection			nmercial cable						
	Burglar protection			cable-add'l ch	annel					
	Installation: Residential			protection						
	• First set	19.98-39.96		glar protection						
	Additional set(s)	19.90-39.90		ervices:						
		10.00	2.1101 3				-			
			• Rec	onnect		25.0	0			
	• FM radio (if separate rate) • Converter			onnect connect		25.0	0			
	• FM radio (if separate rate)		• Disc			25.0 19.9				

-	T ON NAME OF OWNER OF			EVETEM
Name	LEGAL NAME OF OWNER OF			SYSTEM 32
	TDS Broadband Serv			
G	carried by your cable system	entify every television station (including to m during the accounting period, <i>except</i>	(1) stations carried only on a part-	-time basis under
Primary		in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61		
ansmitters: Felevision	Substitute Basis Stations basis under specific FCC ru • 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 the Column 2: Give the channel	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form. el number the FCC assigned to the telev	he Special Statement and Program I both on a substitute basis and als see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep	n Log)—if the so on some other ctions. SPN, etc. Identify each port multistream
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the locatio FCC. For Mexican or Canad	/RC is channel 4 in Washington, D.C. in case whether the station is a network s ering the letter "N" (for network), "N-M" (fi , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list the idian stations, if any, give the name of the	for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station ne community with which the statio	pendent), "I-M" tional multicast). n is licensed by the n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KMID	2.1	Ν	Midland, TX
	KOSA	7.1	Ν	Odessa, TX
	KOSA-DT2	7.2	N-M	Odessa, TX
	KOSA-DT3	7.3	N-M	Odessa, TX
Rows as Necessary	KPEJ	24.1	l	Odessa, TX
	KPEJ-DT2	24.2	I-M	Odessa, TX
	KWES	9.1	N	Odessa, TX
			N-M	
	KWES-DT2	9.2	11-111	Odessa, TX
	KWES-DT2 KUPB	18.1	I	Midland, TX
			I I-M	Midland, TX
	KUPB	18.1	<u>I</u>	Midland, TX Midland, TX
	KUPB KUPB-DT2	18.1 18.2	l I-M I	Midland, TX Midland, TX Odessa, TX
	KUPB KUPB-DT2 KTLE-LP	18.1 18.2 20.1 3.1	<u>I</u>	Midland, TX Midland, TX
	KUPB KUPB-DT2 KTLE-LP KENW KMLM	18.1 18.2 20.1 3.1 42.1	l I-M I	Midland, TX Midland, TX Odessa, TX Portales, NM Odessa, TX
	KUPB KUPB-DT2 KTLE-LP KENW	18.1 18.2 20.1 3.1	l I-M I	Midland, TX Midland, TX Odessa, TX Portales, NM
	KUPB KUPB-DT2 KTLE-LP KENW KMLM	18.1 18.2 20.1 3.1 42.1	I I-M I	Midland, TX Midland, TX Odessa, TX Portales, NM Odessa, TX
	KUPB KUPB-DT2 KTLE-LP KENW KMLM	18.1 18.2 20.1 3.1 42.1	I I-M I	Midland, TX Midland, TX Odessa, TX Portales, NM Odessa, TX
	KUPB KUPB-DT2 KTLE-LP KENW KMLM	18.1 18.2 20.1 3.1 42.1	I I-M I	Midland, TX Midland, TX Odessa, TX Portales, NM Odessa, TX
	KUPB KUPB-DT2 KTLE-LP KENW KMLM	18.1 18.2 20.1 3.1 42.1	I I-M I	Midland, TX Midland, TX Odessa, TX Portales, NM Odessa, TX
	KUPB KUPB-DT2 KTLE-LP KENW KMLM	18.1 18.2 20.1 3.1 42.1	I I-M I	Midland, TX Midland, TX Odessa, TX Portales, NM Odessa, TX
	KUPB KUPB-DT2 KTLE-LP KENW KMLM	18.1 18.2 20.1 3.1 42.1	I I-M I	Midland, TX Midland, TX Odessa, TX Portales, NM Odessa, TX
	KUPB KUPB-DT2 KTLE-LP KENW KMLM	18.1 18.2 20.1 3.1 42.1	I I-M I	Midland, TX Midland, TX Odessa, TX Portales, NM Odessa, TX
	KUPB KUPB-DT2 KTLE-LP KENW KMLM	18.1 18.2 20.1 3.1 42.1	I I-M I	Midland, TX Midland, TX Odessa, TX Portales, NM Odessa, TX
	KUPB KUPB-DT2 KTLE-LP KENW KMLM	18.1 18.2 20.1 3.1 42.1	I I-M I	Midland, TX Midland, TX Odessa, TX Portales, NM Odessa, TX

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Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	TDS Broadband Servi	ce LLC		324
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including		
G		n during the accounting period, except		
Primary	0	n effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.67	0 1 0	•
ransmitters:		s explained in the next paragraph.		
Television		With respect to any distant stations ca	arried by your cable system on a subs	stitute program
		les, regulations, or authorizations: in space G—but do list it in space I (th	a Special Statement and Program L	ag) if the
	station was carried only on a			Jg)—ii the
	,	lso in space I, if the station was carried	d both on a substitute basis and also	on some other
		n concerning substitute basis stations,		
		's call sign. Do not report origination p with a station according to its over-the	•	-
	"WETA-2" as the same on the	5		tinuusueani
		I number the FCC assigned to the television	vision station for broadcasting over th	ne air in its community
		RC is channel 4 in Washington, D.C.		
		case whether the station is a network s ring the letter "N" (for network), "N-M" (f	-	
			ior network multicast), i (ior mucher	
		.	r "E-M" (for noncommercial education	nal multicast).
	(for independent multicast),	"E" (for noncommercial educational), o rms, see page (iv) of the general instru-		nal multicast).
	(for independent multicast), For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list	ctions in the paper SA1-2 form. the community to which the station is	s licensed by the
	(for independent multicast), For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), o rms, see page (iv) of the general instru-	ctions in the paper SA1-2 form. the community to which the station is	s licensed by the
	(for independent multicast), For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list	ctions in the paper SA1-2 form. the community to which the station is	s licensed by the
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list	ctions in the paper SA1-2 form. the community to which the station is	s licensed by the
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.
	(for independent multicast), For the meaning of these ter Column 4: Give the locatior FCC. For Mexican or Canad	"E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	inctions in the paper SA1-2 form. the community to which the station is the community with which the station is	s licensed by the s identified.

			/OTEM.				FORM	I SA1-2E. PAGE
LEGAL NAME OI			YSTEM:					SYSTEM ID 324
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: Co	it is carried b monitoring, to prmation abou rm. dentify the cal state whether the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of the the static tion'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 opyright Office regulations on 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	at the system's he system's FM ant this point, see pa sed by the cable he station is licen	eadend, and (<i>i</i> enna, during c ige (v) of the <u>c</u> system as a so sed by the FC	2) it can œrtain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KALP	FM	X	Alpine, TX	CALL SIGN		5/0	LOCATION OF STATION	

	d: 2018/2						FORM	I SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	TDS Broadband Servio	ce LLC						3242
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LOO	3			
I I	In General: In space I, ident					on, that your cabl	le svsten	n carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instru	uctions in the pap	er SA1-2	2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	•	r cable system	carry, on a substitute basi	s, any nonnet	work television p		
Program Log	broadcast by a distant sta	tion?				Υ Υ	ES	X NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is "	'Yes," you mu	st complete the	program	
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their mea	aning is	
	clear. If you need more spa Column 1: Give the title			sion program ("substitute p	program") tha	t during the acco	ountina	
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substituted	d for the prog	ramming of anoth	her statio	
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further info	rmation.	
	Do not use general categor "NBA Basketball: 76ers vs.		vies of baske	toall." List specific program	i titles, for exa	ample, "I Love Lu	icy or	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute program				
	the case of Mexican or Can			e community to which the			, or, in	
				tem carried the substitute p			he mont	h
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				/
	stated as "6:00–6:30 p.m."	Example. a	i program cam		10 p.m. to 0.2		be	
				was substituted for progra				
	to delete under FCC rules a was substituted for program							m
	effect on October 19, 1976.		our system wa			na regulations in	l	
		UBSTITUT	E PROGRAM	l		N SUBSTITUTE		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S					
		Yes or No	CALL SIGN		5. MONTH	6. TIMES		DELETION
			0.122 0.011	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	то	DELETION
				4. STATION'S LOCATION				DELETION
				4. STATION'S LOCATION				DELETION
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Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	TDS Broadband Service LLC		3242
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	, 455.02
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 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.	\$263,800	
	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 for	this six-month	
	accounting period is \$52.00 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		
	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 less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. 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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	: 2018/2					FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: and Service LLC				SYSTEM ID 3242
M Channels	to its subscribe 1. Enter the to system carrie	ers, and (2) the cable system's stal number of channels on whi ed television broadcast station	s total numbe ich the cable s	on which the cable system carried or of activated channels during the	accounting period.	14
	on which the	tal number of activated channe cable system carried televisio adcast services	n broadcast	stations		262
N Individual to Be Contacted		TO BE CONTACTED IF FURT of about this statement of account		RMATION IS NEEDED (Identify an	individual to whom	
for Further Information	Name	Peggy Smykal			Telephone	(802) 485-9748
	Address	24 Depot Square, U (Number, street, rural route, apa Northfield, VT 0566 (City, town, state, zip)	artment, or suite	number)		
	Email	finance@tdste	elecom.com)	Fax (optional)	
O Certification	I, the undersig (Ow (Age X (Off I have examine	gned, hereby certify that (Check mer other than corporation or ent of owner other than corpor in line 1 of space B and that the ficer or partner) I am an officer in line 1 of space B. ned the statement of account and	one, <i>but only</i> partnership) ration or par owner is not (if a corporat	I am the owner of the cable system tnership) I am the duly authorized a	as identified in line 1 of space B igent of the owner of the cable sy the legal entity identified as own ements of fact contained herein	vstem as identified
		ction 1001(1986)]	Enter an e Enter sign ed name: Assist	/s/ Amanda K. Moore dectronic signature on the line above ature using an "/s/ signature" (e.g., / Amanda K. Moore ant Treasurer n held in corporation or partnership)		

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 law

unting Period: 2018/2		
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
Broadband Service LLC		32
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrigh lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the sys scribers and amounts collected from subscribers receiving secondary transmissions put For more information on when to exclude these amounts, see the note on page (vii) of the gene located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for s made by satellite carriers to satellite dish owners? 	e system for the basic tem shall not include sub- rsuant to section 119." eral instructions	P Special Statemen Concerning Gross Receipts Exclusio
X NO		
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 pa		
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q Interest Assessme
		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment	the paper SA1-2 form.	Q Interest Assessme
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