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

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

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2018/2 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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	3652
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora 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 film Note: Entities and properties such as hotels, apartments, condominiums, or mo	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	identified city.	
	CITY OR TOWN	STATE
First	PRINEVILLE	OR
Community		
Add Rows as Necessary		
Add nows as Necessary		

	LEGAL NAME OF OWNER OF CA								STEM II
Name								31.	36
	TDS Broadband Service								000
Е	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRIE	BERS AND R	ATES				
E	In General: The information in s								
<u> </u>	system, that is, the retransmission								
Secondary ransmission	about other services (including p last day of the accounting period						iose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						le svstem	. broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n							charged	
	separately for the particular serv							to and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	· · ·	,		ing standa		within a p		
	Block 1: In the left-hand block	in space E, the	e form lis	sts the catego					
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	and block. A ty	wo- or three	e-word description	on of the s	service is	
		DCK 1					BLOC	< 2	
		NO. OF			CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	(VICE	SUBSCRIBERS	RA
	Service to first set		1,784	29.49					
	Service to additional set(s)		1,7 0-7	20.40					
	• FM radio (if separate rate)								
	Motel, hotel		39	29.49					
	Commercial		14	29.49					
	Converter			20110					
	Residential		1,201	1.95					
	Non-residential		.,_0.	1.50					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
ansmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Nates	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BL O	CK 1					BLOCK 2	
		DLO		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	CATEGORY OF SERVICE	RATE				NATE			: RA
	Continuing Services:	RATE	Installa	tion: Non-res					
	Continuing Services: • Pay cable	RATE 16.15	Installa • Mot	tion: Non-res el, hotel		32.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installa • Mot • Con	tion: Non-res el, hotel nmercial					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 16.15	Installa • Mot • Con • Pay	tion: Non-res el, hotel nmercial cable	sidential	32.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE 16.15	Installa • Mot • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable cable-add'l cl	sidential	32.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 16.15 8.60	Installa • Mot • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	sidential	32.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 16.15 8.60 32.00	Installa • Mot • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection	sidential	32.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 16.15 8.60	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection services:	sidential	32.00 32.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 16.15 8.60 32.00	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection services: onnect	sidential	32.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 16.15 8.60 32.00	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection services: connect connect	sidential	32.00 32.00 19.20			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 16.15 8.60 32.00	Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc • Out	tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection services: onnect	sidential	32.00 32.00			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	TDS Broadband Serv	ice LLC		3
	PRIMARY TRANSMITTERS:	TELEVISION		
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 ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	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	t (1) stations carried only on a part-ti- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- ne Special Statement and Program I d both on a substitute basis and also see page (v) of the general instructi- brogram services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	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
s as Necessary	KOHD	51.1	Ν	Bend, OR
,	KOIN	6.1	Ν	Portland, OR
	KOIN-DT2	6.2	N-M	Portland, OR
	KOIN-DT3	6.3	N-M	Portland, OR
	KPTV	12.1	l	Portland, OR
	KPTV-DT2	12.2	I-M	Portland, OR
	KPTV-DT3	12.3	I-M	Portland, OR
	KGW	8.1	Ν	Portland, OR
	KGW-DT2	8.2	N-M	Portland, OR
	KGW-DT3	8.3	N-M	Portland, OR
				Portland, OR Bend, OR
	KTVZ	21.1	N	Bend, OR
	KTVZ KTVZ-DT2	21.1 21.2		Bend, OR Bend, OR
	KTVZ KTVZ-DT2 KPDX	21.1 21.2 49.1	N N-M I	Bend, OR Bend, OR Portland, OR
	KTVZ KTVZ-DT2 KPDX KPDX-DT2	21.1 21.2 49.1 49.2	N N-M I I-M	Bend, OR Bend, OR Portland, OR Portland, OR
	KTVZ KTVZ-DT2 KPDX KPDX-DT2 KPDX-DT3	21.1 21.2 49.1 49.2 49.3	N N-M I I-M I-M	Bend, OR Bend, OR Portland, OR Portland, OR Portland, OR
	KTVZ KTVZ-DT2 KPDX KPDX-DT2 KPDX-DT3 KPDX-DT4	21.1 21.2 49.1 49.2 49.3 49.4	N N-M I I-M I-M I-M	Bend, OR Bend, OR Portland, OR Portland, OR Portland, OR Portland, OR Portland, OR
	KTVZ KTVZ-DT2 KPDX KPDX-DT2 KPDX-DT3 KPDX-DT4 KOAB	21.1 21.2 49.1 49.2 49.3 49.4 3.1	N N-M I I-M I-M I-M E	Bend, OR Bend, OR Portland, OR Portland, OR Portland, OR Portland, OR Bend, OR Bend, OR
	KTVZ KTVZ-DT2 KPDX KPDX-DT2 KPDX-DT3 KPDX-DT4	21.1 21.2 49.1 49.2 49.3 49.4	N N-M I I-M I-M I-M E E-M	Bend, OR Bend, OR Portland, OR Portland, OR Portland, OR Portland, OR Bend, OR Bend, OR Bend, OR
	KTVZ KTVZ-DT2 KPDX KPDX-DT2 KPDX-DT3 KPDX-DT4 KOAB KOAB-DT2	21.1 21.2 49.1 49.2 49.3 49.4 3.1 3.2	N N-M I I-M I-M I-M E	Bend, OR Bend, OR Portland, OR Portland, OR Portland, OR Portland, OR Bend, OR Bend, OR

ounting Period:	-			OVOTEM
Name	LEGAL NAME OF OWNER OF			SYSTEM
	TDS Broadband Servi			3
	PRIMARY TRANSMITTERS:	TELEVISION		
G		entify every television station (including tr	•	,
G		m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the		
Primary		in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61		
ransmitters:	substitute program basis, as	is explained in the next paragraph.		
Television		: With respect to any distant stations car	rried by your cable system on a s	ubstitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (the	e Special Statement and Program	n Loa)—if the
	station was carried only on	a substitute basis.		
		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 pro		
	multicast stream associated	d with a station according to its over-the-	-	-
	"WETA-2" as the same on t		vision station for broadcasting over	the sit is its community
		el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C.	ISION Station for producasting ove	r the air in its community
	Column 3: Indicate in each	n case whether the station is a network st		
		ering the letter "N" (for network), "N-M" (for		
		, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc		uonai mulucast).
	For the meaning of these te	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list ti	ctions in the paper SA1-2 form.	
	For the meaning of these te Column 4: Give the location	erms, see page (iv) of the general instruc	ctions in the paper SA1-2 form. the community to which the statio	n is licensed by the
	For the meaning of these te Column 4: Give the location	erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	ctions in the paper SA1-2 form. the community to which the statio	n is licensed by the
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	erms, see page (iv) of the general instruc on of each station. For U.S. stations, list the dian stations, if any, give the name of the	ctions in the paper SA1-2 form. the community to which the statio e community with which the static	n is licensed by the n is identified.
	For the meaning of these te Column 4: Give the location	erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	ctions in the paper SA1-2 form. the community to which the statio	n is licensed by the
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	erms, see page (iv) of the general instruc on of each station. For U.S. stations, list the dian stations, if any, give the name of the	ctions in the paper SA1-2 form. the community to which the statio e community with which the static	n is licensed by the n is identified.
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KUNP-DT2	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	ctions in the paper SA1-2 form. the community to which the station e community with which the station 3. TYPE OF STATION	n is licensed by the in is identified. 4. LOCATION OF STATION
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac 1. CALL SIGN	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2	ctions in the paper SA1-2 form. the community to which the statio e community with which the static 3. TYPE OF STATION I-M	n is licensed by the in is identified. 4. LOCATION OF STATION Portland, OR
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KUNP-DT2	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2	ctions in the paper SA1-2 form. the community to which the statio e community with which the static 3. TYPE OF STATION I-M	n is licensed by the in is identified. 4. LOCATION OF STATION Portland, OR
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KUNP-DT2	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2	ctions in the paper SA1-2 form. the community to which the statio e community with which the static 3. TYPE OF STATION I-M	n is licensed by the in is identified. 4. LOCATION OF STATION Portland, OR
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KUNP-DT2	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2	ctions in the paper SA1-2 form. the community to which the statio e community with which the static 3. TYPE OF STATION I-M	n is licensed by the in is identified. 4. LOCATION OF STATION Portland, OR
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	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KUNP-DT2	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2	ctions in the paper SA1-2 form. the community to which the statio e community with which the static 3. TYPE OF STATION I-M	n is licensed by the in is identified. 4. LOCATION OF STATION Portland, OR
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KUNP-DT2	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2	ctions in the paper SA1-2 form. the community to which the statio e community with which the static 3. TYPE OF STATION I-M	n is licensed by the in is identified. 4. LOCATION OF STATION Portland, OR
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KUNP-DT2	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2	ctions in the paper SA1-2 form. the community to which the statio e community with which the static 3. TYPE OF STATION I-M	n is licensed by the in is identified. 4. LOCATION OF STATION Portland, OR
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KUNP-DT2	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2	ctions in the paper SA1-2 form. the community to which the statio e community with which the static 3. TYPE OF STATION I-M	n is licensed by the in is identified. 4. LOCATION OF STATION Portland, OR
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KUNP-DT2	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2	ctions in the paper SA1-2 form. the community to which the statio e community with which the static 3. TYPE OF STATION I-M	n is licensed by the in is identified. 4. LOCATION OF STATION Portland, OR
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KUNP-DT2	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2	ctions in the paper SA1-2 form. the community to which the statio e community with which the static 3. TYPE OF STATION I-M	n is licensed by the in is identified. 4. LOCATION OF STATION Portland, OR
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KUNP-DT2	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the dian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 47.2	ctions in the paper SA1-2 form. the community to which the statio e community with which the static 3. TYPE OF STATION I-M	n is licensed by the in is identified. 4. LOCATION OF STATION Portland, OR

Accounting P			/STEM·				FURI	A SA1-2E. PAGE
FDS Broadb			I G I EIVI.					SYSTEM ID 365
	every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of n For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate f Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein the co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under of the whenever it is received a wed 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 ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during o ge (v) of the g system as a so	2) it can ærtain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters: Radio
		0/5				0 / D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
<u>\/A</u>								

	od: 2018/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	TDS Broadband Servio	ce LLC						3652
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
I	In General: In space I, ident substitute basis during the a	ify <i>every noi</i> ccounting pe	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati C rules, regul	ations, or auth	orizations.	For a further
Substitute	explanation of the programm				e general instr		paper SA I	-2 101111.
Carriage: Special	1. SPECIAL STATEMEN							_
Statement and	During the accounting per	-	ir cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete t	he prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their r	neaning is	
				ision program ("substitute p	program") tha	t, during the a	accounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of a	nother stat	tion
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further i	nformatior	٦.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Love	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra		–		
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			th the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	a program cam	ed by a system from 6.01.	15 p.m. to 6.2	6.50 p.m. sho	uiu be	
	Column 7: Enter the lett			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	r FCC rules a	nd regulations	sin	
					r r			1
	s	UBSTITUT	E PROGRAM	1		N SUBSTIT		7. REASON FOR
	S	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED MES	

Accounting Period:	2018/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			ę	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 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, see \$ 32	ice
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	0 but less t e informatio	han \$527,600 on.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00 Line 1. Royalty fee for accounting period				1
	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	\$	322,115.57		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1	\$	58,315.57		
	4. Multiply line 3 by .01			583.16	
	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 .		\$	1,902.16
	FILING FEE AND TOTAL REMITTANCE DI	JE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,902.16	
	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			\$	1,922.16
	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		F OWNER OF CABLE SYSTEM: and Service LLC						SYSTEM ID 3652
M Channels	to its subscrib 1. Enter the to system carri	You must give (1) the number lers, and (2) the cable system's otal number of channels on whi led television broadcast station:	total numl ch the cab s	nber of activated	l channels during the	e accounting period		27
	on which the	otal number of activated channe e cable system carried televisio adcast services	n broadca					217
N Individual to Be Contacted		TO BE CONTACTED IF FURT ct about this statement of accou		ORMATION IS	NEEDED (Identify a	n individual to whom	n	
for Further Information	Name	Peggy Smykal					Telephone (802	2) 485-9748
	Address	24 Depot Square, U (Number, street, rural route, apa Northfield, VT 0566 (City, town, state, zip)	artment, or su	uite number)				
	Email	finance@tdste	elecom.co	om		Fax (optional))	
O Certification	I, the undersig (Ow (Ag	ON (This statement of account r gned, hereby certify that (Check oner other than corporation or ent of owner other than corpor in line 1 of space B and that the	one, <i>but on</i> partnershi ration or pa	nly one, of the bo ip) I am the own partnership) I an	oxes.) er of the cable syster n the duly authorized	n as identified in line	1 of space B; or	as identified
	I have examir are true, comp	ficer or partner) I am an officer in line 1 of space B. hed the statement of account and lete, and correct to the best of m ction 1001(1986)]	d hereby de	eclare under pen	alty of law that all sta	tements of fact conta		he cable system
				n electronic signa	la K. Moore ture on the line above "/s/ signature" (e.g.,		nent.	
		Typed or printe	ed name:	Amanda	K. Moore			
		Title: (Title of		stant Treasu	ation or partnership)			
		Date:				20 February	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 law

unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Broadband Service LLC	365
 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or 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.	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
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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	
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