This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	08/20/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY	YY/(Period))	

		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20191 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
Fellou			
		Instructions:	
В		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.	
			29120
		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)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	inless these
С		s 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	TDS Broadband Service LLC	29120
D	Instructions: List each separate community served by the cable system. A ' "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	'community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	
First	CITY OR TOWN Cedar City	UT
Community	Iron County	UT
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							1-2E. PAGE
Name	TDS Broadband Service								2912
Е	SECONDARY TRANSMISSION			-	-	,			
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							hard and	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	· · ·		•	ly otanida				
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					I in the count un	der "Servie	ce to the	
	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, t								
	with the number of subscribers a								
	sufficient.	OCK 1					BLOC	()	
		NO. OF	:				BLOOM	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		1 220	\$20.25/Ma					
	 Service to first set Service to additional set(s) 		1,238	\$39.25/Mo.					
	• FM radio (if separate rate)								
	Motel, hotel		157	\$7.65-\$11.32					
	Commercial								
	Converter								
	Residential		567	\$5.95/Mo.					
	Non-residential			\$1.00 - \$3.50					
	SERVICES OTHER THAN SEC								
-	In General: Space F calls for rat	-				l vour cable sys	tem's serv	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services		,		0				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
nutes	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and includ	le the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential				
	Pay cable Day cable	7.4-19.99		otel, hotel					
	Pay cable—add'l channel Fire protection			mmercial y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	0-49.95		rglar protection					
	 Additional set(s) 	••••••		services:					
	• FM radio (if separate rate)		•Re	connect		0-25			
		Γ	• Die						Т
	Converter		* Dis	sconnect					
	• Converter		_	tlet relocation		19.98-39.96			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	TDS Broadband Serv			29
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e 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 a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on f Column 2: Give the channed of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these for 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- he carriage of certain network progratice)(2) and (4))]; and (2) certain state arried by your cable system on a successful to a substitute basis and als see page (v) of the general instruct orogram services such as HBO, ESI e-air designation. For example, represent evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial education or the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast). a is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	κτνχ	4.1	N	Salt Lake City, UT
	KTVX-DT2	4.2	N	Salt Lake City, UT
	KUTV	2.1	N	Salt Lake City, UT
	KSL	5.1	N	Salt Lake City, UT
d Rows as Necessary	KSL-DT2	5.2	N-M	Salt Lake City, UT
Thows as meessary	KSL-DT3	5.3	N-M	Salt Lake City, UT
	KSTU	13.1		Salt Lake City, UT
	KSTU-DT2	13.2	I-M	Salt Lake City, UT
	KSTU-DT3	13.3	I-M	Salt Lake City, UT
	KUCW	30.1	1	Ogden, UT
	KUCW-DT3	30.3	I-M	Ogden, UT
	кмүџ	12.1	I	St. George, UT
	KUED	7.1	E	Salt Lake City, UT
	KUEN	9.1	E	Ogden, UT
	KJZZ	14.1	I	Salt Lake City, UT
	KJZZ-DT2	14.2	I-M	Salt Lake City, UT
	KJZZ-DT3	14.3	I-M	Salt Lake City, UT
	KJZZ-DT4	14.4	I-M	Salt Lake City, UT
	КИРХ	16.1	I	Provo, UT
	KCSG	4.1	I	Cedar City, UT

ounting Period:	-				PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTE	
	TDS Broadband Serv	ice LLC		2	912
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary	carried by your cable syste FCC rules and regulations	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-tin he carriage of certain network prograr	ne basis under ns [sections	
ransmitters: Television		es explained in the next paragraph. With respect to any distant stations c	arried by your cable system on a subs	stitute program	
		ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis	he Special Statement and Program Lo	og)—if the	
	• List the station here, and a basis. For further information Column 1: List each station	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination	, see page (v) of the general instructio program services such as HBO, ESPN	ns. N, etc. Identify each	
	"WETA-2" as the same on	d with a station according to its over-the the form. el number the FCC assigned to the tele			
		/RC is channel 4 in Washington, D.C.			
	IColumn 3. Indicate in each	n case whether the station is a network	station an independent station or a r		
	educational station, by enter	n case whether the station is a network ering the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepen	ndent), "I-M"	
	educational station, by enter (for independent multicast)	ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational),	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education	ndent), "I-M"	
	educational station, by enter (for independent multicast), For the meaning of these te	ering the letter "N" (for network), "N-M"	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	ndent), "I-M" nal multicast).	
	educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location	ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instru	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ndent), "I-M" nal multicast). s licensed by the	
	educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location	ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instru- on of each station. For U.S. stations, lis	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ndent), "I-M" nal multicast). s licensed by the	
	educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location	ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instru- on of each station. For U.S. stations, lis	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ndent), "I-M" nal multicast). s licensed by the	
	educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana	ering the letter "N" (for network), "N-M", , "E" (for noncommercial educational), erms, see page (iv) of the general instru- on of each station. For U.S. stations, lis idian stations, if any, give the name of t	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i	ndent), "I-M" nal multicast). s licensed by the s identified.	
	educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana	ering the letter "N" (for network), "N-M", , "E" (for noncommercial educational), erms, see page (iv) of the general instru- on of each station. For U.S. stations, lis idian stations, if any, give the name of t	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i	ndent), "I-M" nal multicast). s licensed by the s identified.	
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	educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location FCC. For Mexican or Cana	ering the letter "N" (for network), "N-M", , "E" (for noncommercial educational), erms, see page (iv) of the general instru- on of each station. For U.S. stations, lis idian stations, if any, give the name of t	(for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is he community with which the station i	ndent), "I-M" nal multicast). s licensed by the s identified.	
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EGAL NAME OF			YSTEM:					SYSTEM I 291
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abour m. dentify the call tate whether f the radio stat this by placing tive the station	y the sys be recein at the Co l sign of the static tion's sig g a chec n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ant 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 ertain st general i eparate	be expected, rated 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	
		5,0		UALL SIGN		5/0		
/A								
	·				- -			

	d: 2019/1						FORM	SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	TDS Broadband Service	ce LLC						29120
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LOO	3			
I I	In General: In space I, identi					on, that your cabl	e svstem	carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or authoriz	ations. Fo	or a further
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	form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work television p	-	
Program Log	broadcast by a distant sta	tion?				Y	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 p	program	
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their mea	ining is	
	clear. If you need more spa Column 1: Give the title			rows to the tables. ision program ("substitute p	program") tha	t during the acco	ountina	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of anoth	ner statio	'n
	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	tball. List specific program	i titles, for exa	ample, "I Love Lu	icy 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			or, in	
				tem carried the substitute p			he month	ı
	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."		i program cam		o p.m. to 0.2		be	
				was substituted for progra				
	to delete under FCC rules a was substituted for program							n
	effect on October 19, 1976.		our system wa	s permitted to delete unde	1 00 10103 0	nu regulations in		
					<u> </u>			
	s			1		N SUBSTITUTE		7. REASON FOR
			E PROGRAM 3. STATION'S	1		N SUBSTITUTE AGE OCCURRI 6. TIMES	ED 7	7. REASON FOR DELETION
	S 1. TITLE OF PROGRAM	UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCCURRI	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
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		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCURRI 6. TIMES	ED 7	
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Accounting Period:	2019/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			:	SYSTEM ID#
	TDS Broadband Service LLC				29120
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 serv s amount, ser \$ 4:	ice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 accounting period is \$52.00	lty fee that y	ou must pay for	this six-month	ı
	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 I	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		<u>.</u>		
	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	\$	431,405.30		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	167,605.30		
	4. Multiply line 3 by .01		\$	1,676.05	
	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 .		\$	2,995.05
	FILING FEE AND TOTAL REMITTANCE D	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,995.05	
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			\$	3,015.05
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ights!

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 29120
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	20 285
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Stephanie Weber Telephone	(608) 664-4721
	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number) Madison, WI 53717 (City, town, state, zip)	
	Email finance@tdstelecom.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] (s/ Amanda K. Moore 	stem as identified
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Amanda K. Moore Title: Assistant Treasurer (Title of official position held in corporation or partnership) Date: 20 August 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: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Broadband Service LLC	291
 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
ΧΝΟ	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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
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