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	IT 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	08/20/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
			<u>_</u>

A	ACCO	JUNTING PERIOD COVERED	D BY THIS STATEMENT: (YYYY/(Period))	
		2019/1	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2019	91 Barcode Data Filing Period (optional - see instructions)	
Accounting Period				
В		Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent	f the cable system. If the owner is a subsidiary of another corporation, give the full corporate titl t corporation.	e
Owner		List any other name or names under wh	nich the owner conducts the business of the cable system.	
		÷	ne accounting period, only the owner on the last day of the accounting period should submit a / fee payment covering the entire accounting period.	
		Check here if this is the system's first fili	ing. If not, enter the system's ID number assigned by the Licensing Division.	3651
		LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	
		TDS Broadband Service LLC		
		BUSINESS NAME(S) OF OWNER C	OF CABLE SYSTEM (IF DIFFERENT)	
		Baja Broadband		
		MAILING ADDRESS OF OWNER O	OF CABLE SYSTEM	
		525 Junction Rd.	e number)	
		Madison, WI 53717-2152 (City, town, state, zip)		
С			siness or trade names used to identify the business and operation of the system the 2, give the mailing address of the system, if different from the address given	
System	1	IDENTIFICATION OF CABLE SYSTEM:	:	
		MAILING ADDRESS OF CABLE SYSTE	EM:	
	2	(Number, street, rural route, apartment, or suite	e number)	
		(City, town, state, zip code)		
-				

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	TDS Broadband Service LLC	3651
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	ile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	MADRAS	OR
Community	METOLIUS	OR
	CULVER	OR
dd Rows as Necessary	CROOKED RIVER RANCH	OR

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	TEM II
Name	TDS Broadband Service							010	36
	TDS Broadband Service								
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES				
E	In General: The information in s								
Coossidami	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						iose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						le system	, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the ne							charged	
	separately for the particular serv Rate: Give the standard rate c							and the	
	unit in which it is generally billed								
	category, but do not include disc	· · ·		,	ing otaniaal				
	Block 1: In the left-hand block	in space E, the	e form l	ists 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	has rate catego	ories fo	r secondary tra	nsmission				
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	and rates, in the	e right-h	nand block. A ty	wo- or three	e-word description	on of the s	service is	
		DCK 1					BLOC	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:		002	04.75					
	Service to first set		883	31.75					
	Service to additional set(s)								
	• FM radio (if separate rate)		~ 4	<u> </u>					
	Motel, hotel		94	24.49					
	Commercial								
	Converter		500	<b>\$5.05/04</b> -					
	Residential		530	\$5.95/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	e (not subscrib	er) info	rmation with re	spect to al	l your cable syst	em's serv	ices that were	
F	not covered in space E, that is, t								
Comisso	service for a single fee. There ar	•			•		• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usuuny	billed. If dify it		arged on a vana	bie pei pi	ogram basis,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				isned. List	these other serv	ices in the	e form of a	
							1		
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	N/ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:	IVIL		ation: Non-res		IVIL	ONTEO		
	Pay cable	9.99-19.99		otel, hotel		32.00			
	Pay cable—add'l channel			mmercial		32.00			
	Fire protection			y cable		02.00			ł
				y cable-add'l cl	nannel				
	<ul> <li>Burglar protection</li> </ul>			e protection					
	•Burglar protection Installation: Residential		•						
	Installation: Residential	0-49 95		•					
	Installation: Residential • First set	0-49.95 0-49.95	• Bu	rglar protection	I				
	Installation: Residential • First set • Additional set(s)	0-49.95 0-49.95	• Bu Other	rglar protection services:	I	0-25			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	••••••	• Bu Other • Re	rglar protection services: connect	I	0-25			
	Installation: Residential • First set • Additional set(s)	••••••	• Bu Other • Re • Dis	rglar protection services: connect sconnect	I				
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	••••••	• Bu Other • Re • Dis • Ou	rglar protection services: connect		0-25 19.98-39.96			

Manaa	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	TDS Broadband Serv	ice LLC		3
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station in	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s 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
d Rows as Necessary	конр	51.1	N	Bend, OR
a nows as necessary	KOIN	6.1	N	Portland, OR
	KOIN-DT2	6.2	N-M	Portland, OR
	KOIN-DT3	6.3	N-M	Portland, OR
	ΚΡΤν	12.1	Ι	Portland, OR
	KPTV-DT2	12.2	I-M	Portland, OR
	KPTV-DT3	12.3	I-M	Portland, OR
	KGW	8.1	N	Portland, OR
	KGW-DT2	8.2	N-M	Portland, OR
	KGW-DT3	8.3	N-M	Portland, OR
	KTVZ	21.1	Ν	Bend, OR
	KTVZ-DT2	21.2	N-M	Bend, OR
	крдх	49.1	I	Portland, OR
	KPDX-DT2	49.2	I-M	Portland, OR
	KPDX-DT3	49.3	I-M	Portland, OR
	KPDX-DT4	49.4	I-M	Portland, OR
	КОАВ	3.1	E	Bend, OR
	KOAB-DT2	3.2	E-M	Bend, OR
	KOAB-DT3	3.3	E-M	Bend, OR
	KQRE-LD	19.1	I	Bend, OR

ounting Period:	1			OVOTEN
Name	LEGAL NAME OF OWNER OF			SYSTEM
	TDS Broadband Servi	ice LLC		3
	PRIMARY TRANSMITTERS:	TELEVISION		
G		entify every television station (including t		
G		m during the accounting period, except		
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	s explained in the next paragraph.		
Television		: With respect to any distant stations ca	arried by your cable system on a sul	ostitute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (th	ne Special Statement and Program	l oa)—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 p		
	multicast stream associated	d with a station according to its over-the-	•	
	"WETA-2" as the same on the channel	the form. el number the FCC assigned to the telev	vision station for broadcasting over	the cir in its community
		RC is channel 4 in Washington, D.C.	VISION Station for broadcasting over	
	Column 3: Indicate in each	case whether the station is a network s	•	
	educational station by ente	ring the letter "N" (for network) "N_M" (f	for network multicast), "I" (for indepe	endent), "I-M"
	(for independent multicast),	, "E" (for noncommercial educational), or	or "E-M" (for noncommercial educati	onal multicast).
	(for independent multicast), For the meaning of these te		or "E-M" (for noncommercial education in the paper SA1-2 form.	
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruc	or "E-M" (for noncommercial educati ictions in the paper SA1-2 form. the community to which the station	is licensed by the
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	"E" (for noncommercial educational), or erms, see page (iv) of the general instruct n of each station. For U.S. stations, list i	or "E-M" (for noncommercial educati ictions in the paper SA1-2 form. the community to which the station	is licensed by the
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), or erms, see page (iv) of the general instruc n of each station. For U.S. stations, list i dian stations, if any, give the name of th	or "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station ne community with which the station	is licensed by the is identified.
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	"E" (for noncommercial educational), or erms, see page (iv) of the general instruct n of each station. For U.S. stations, list i	or "E-M" (for noncommercial educati ictions in the paper SA1-2 form. the community to which the station	is licensed by the
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	"E" (for noncommercial educational), or erms, see page (iv) of the general instruc n of each station. For U.S. stations, list i dian stations, if any, give the name of th	or "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station ne community with which the station	is licensed by the is identified.
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b>	"E" (for noncommercial educational), or erms, see page (iv) of the general instruct n of each station. For U.S. stations, list i dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	or "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station the community with which the station <b>3. TYPE OF STATION</b>	is licensed by the is identified.  4. LOCATION OF STATION
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b> KUNP-DT2	<ul> <li>"E" (for noncommercial educational), of erms, see page (iv) of the general instruct n of each station. For U.S. stations, list if dian stations, if any, give the name of th</li> <li>2. B'CAST CHANNEL NUMBER 47.2</li> </ul>	r "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station ne community with which the station <b>3. TYPE OF STATION</b> I-M	is licensed by the is identified. 4. LOCATION OF STATION Portland, OR
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b> KUNP-DT2	<ul> <li>"E" (for noncommercial educational), of erms, see page (iv) of the general instruct n of each station. For U.S. stations, list if dian stations, if any, give the name of th</li> <li>2. B'CAST CHANNEL NUMBER 47.2</li> </ul>	r "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station ne community with which the station <b>3. TYPE OF STATION</b> I-M	is licensed by the is identified.  4. LOCATION OF STATION  Portland, OR
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b> KUNP-DT2	<ul> <li>"E" (for noncommercial educational), of erms, see page (iv) of the general instruct n of each station. For U.S. stations, list if dian stations, if any, give the name of th</li> <li>2. B'CAST CHANNEL NUMBER 47.2</li> </ul>	r "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station ne community with which the station <b>3. TYPE OF STATION</b> I-M	is licensed by the is identified.  4. LOCATION OF STATION  Portland, OR
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	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b> KUNP-DT2	<ul> <li>"E" (for noncommercial educational), of erms, see page (iv) of the general instruct n of each station. For U.S. stations, list if dian stations, if any, give the name of th</li> <li>2. B'CAST CHANNEL NUMBER 47.2</li> </ul>	r "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station ne community with which the station <b>3. TYPE OF STATION</b> I-M	is licensed by the is identified.  4. LOCATION OF STATION  Portland, OR
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b> KUNP-DT2	<ul> <li>"E" (for noncommercial educational), of erms, see page (iv) of the general instruct n of each station. For U.S. stations, list if dian stations, if any, give the name of th</li> <li>2. B'CAST CHANNEL NUMBER 47.2</li> </ul>	r "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station ne community with which the station <b>3. TYPE OF STATION</b> I-M	is licensed by the is identified.  4. LOCATION OF STATION  Portland, OR
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	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b> KUNP-DT2	<ul> <li>"E" (for noncommercial educational), of erms, see page (iv) of the general instruct n of each station. For U.S. stations, list if dian stations, if any, give the name of th</li> <li>2. B'CAST CHANNEL NUMBER 47.2</li> </ul>	r "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station ne community with which the station <b>3. TYPE OF STATION</b> I-M	is licensed by the is identified. 4. LOCATION OF STATION Portland, OR
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b> KUNP-DT2	<ul> <li>"E" (for noncommercial educational), of erms, see page (iv) of the general instruct n of each station. For U.S. stations, list if dian stations, if any, give the name of th</li> <li>2. B'CAST CHANNEL NUMBER 47.2</li> </ul>	r "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station ne community with which the station <b>3. TYPE OF STATION</b> I-M	is licensed by the is identified. 4. LOCATION OF STATION Portland, OR
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b> KUNP-DT2	<ul> <li>"E" (for noncommercial educational), of erms, see page (iv) of the general instruct n of each station. For U.S. stations, list if dian stations, if any, give the name of th</li> <li>2. B'CAST CHANNEL NUMBER 47.2</li> </ul>	r "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station ne community with which the station <b>3. TYPE OF STATION</b> I-M	is licensed by the is identified. 4. LOCATION OF STATION Portland, OR
	(for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac <b>1. CALL SIGN</b> KUNP-DT2	<ul> <li>"E" (for noncommercial educational), of erms, see page (iv) of the general instruct n of each station. For U.S. stations, list if dian stations, if any, give the name of th</li> <li>2. B'CAST CHANNEL NUMBER 47.2</li> </ul>	r "E-M" (for noncommercial educati actions in the paper SA1-2 form. the community to which the station ne community with which the station <b>3. TYPE OF STATION</b> I-M	is licensed by the is identified.  4. LOCATION OF STATION  Portland, OR

DS Broadb	OWNER OF C		ISIEM:					SYSTEM II 36
	every radio s	station ca	arried on a separate and disc nerally receivable by your ca					Н
eceivable if (1) on the basis of i for detailed info paper SA1-2 for <b>Column 1:</b> Ic <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate <b>Column 4:</b> 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 at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under them whenever it is received a ved 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 the community with which the	at the system's he system's FM anto this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
V/A								
					·			

Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	TDS Broadband Servic	ce LLC						3651
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, identi substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or auth	orizations.	For a further
Substitute	explanation of the programm				e general Instr	uctions in the	paper SA1	-2 torm.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	During the accounting per	-	r cable system	carry, on a substitute basi	s, any nonnei	twork television		
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete t	he program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their r	meaning is	•
	clear. If you need more spa Column 1: Give the title			ision program ("substitute p	program") tha	t during the a	accounting	1
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further i	informatior	า.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	e Lucy" or	
			dcast live ente	r "Yes." Otherwise enter "N	lo "			
				isting the substitute progra				
				ne community to which the			CC or, in	
	the case of Mexican or Can			community with which the steep the steep the second s			ith the mor	ath
	first. Example: for May 7 giv		when you sys					101
			e substitute pro	gram was carried by your o	cable system.	List the time	s accurate	ly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. shc	ould be	
	stated as "6:00–6:30 p.m."	or "P" if tho	listed program	was substituted for progra	mming that y	our evetem w	as roquiro	d
	to delete under FCC rules a							
	was substituted for program	nming that y						
	-ff							
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
		UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU	RRED	7. REASON FOR
			E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION			RRED MES	7. REASON FOR DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TIN	RRED ⁄/ES	

Accounting Period:	2019/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
	TDS Broadband Service LLC				3651
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and fall amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation 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	stem's se of how f	econdary trans to compute this	mission servic s amount, see	5,913.05
	COPYRIGHT ROYALTY FEE				
Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	it less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fea accounting period is \$52.00				
	Line 1. Royalty fee for accounting period			·	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (				
	1. Base amount under statutory formula \$	,	263,800.00	100)	
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1			05 040 05	
	4. Enter the amount of gross receipts from space K	-		25,913.05	
	5. Enter the amount from line 3	-		37,886.95	
	6. Subtract line 5 from line 4	_			04040
	7. Multiply line 6 by .005 (enter figure here)				940.13
	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	d 8		\$	940.13
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but l	ess 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	-			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, a	-			
	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)	·····	\$	940.13	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) $\ldots$	· · · · · · <u>-</u>	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	960.13
	Important: Your remittance must be in the form of an electronic paymen See page i of the general instructions in the paper SA1-2 for		-		jhts!

Accounting Period:	: 2019/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: and Service LLC		SYSTEM ID# 3651
M Channels	to its subscribe 1. Enter the to system carrie 2. Enter the to	ers, and (2) the cable system's tal number of channels on whi	s	s 27 244
	and nonbroa	dcast services		
N Individual to Be Contacted		TO BE CONTACTED IF FURT tt about this statement of accou	HER INFORMATION IS NEEDED (Identify an individual to whom unt.)	
for Further Information	Name	Stephanie Weber	Telephor	ne <b>(608) 664-4721</b>
	Address	525 Junction RD (Number, street, rural route, apa	rtment, or suite number)	
		Madison, WI 53717 (City, town, state, zip)		
	Email	finance@tdste	elecom.com Fax (optional)	
O Certification	• I, the undersig	ned, hereby certify that (Check	must be certified and signed in accordance with Copyright Office regulations one, <i>but only one</i> , of the boxes.) <b>partnership)</b> I am the owner of the cable system as identified in line 1 of space	
	X (Off	in line 1 of space B and that the ficer or partner) I am an officer	ration or partnership) I am the duly authorized agent of the owner of the cable owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity identified as ow	
	<ul> <li>I have examin are true, compl</li> </ul>		d hereby declare under penalty of law that all statements of fact contained herei y knowledge, information, and belief, and are made in good faith.	n
			X /s/ Amanda K. Moore 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 printe	ed name: Amanda K. Moore	
		Title: (Title of	Assistant Treasurer fofficial position 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: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
S 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 fol- lowing 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 su scribers 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?	Concerning Gross Receipts Exclusion
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 payment or underpaymen For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	<sup>t.</sup> Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	t. Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	L L
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