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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
02/25/2020	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

_	1	
A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20192 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
	-	Laboration .
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)
	-	(City, town, state, 24)
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 suffciency of the fling, a determination that would be made by a court of law.

	2040/2	
Accounting Period:	2019/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service, LLC	3652
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	identified city.	onie parks snould be reported in parentneses below the
	CITY OR TOWN	STATE
First Community	Prineville	OR
Add Davis on Nassassas		
Add Rows as Necessary		
		000000000000000000000000000000000000000

Accounting Period: 2019/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service, LLC

SYSTEM ID#

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLOCK 1			BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	1,145	31.75					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel	50	6.00 - \$24.49					
Commercial							
Converter							
Residential	722	\$5.95/Mo.					
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	9.99-19.99	Motel, hotel			
 Pay cable—add'l channel 		Commercial	32.00		
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	0-49.95	Burglar protection			
Additional set(s)	0-49.95	Other services:			
• FM radio (if separate rate)		Reconnect	0-25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3652

TDS Broadband Service, LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

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
KOIN	6.1	N	Portland, OR
KOIN-DT2	6.2	N-M	Portland, OR
KOIN-DT3	6.3	N-M	Portland, OR
KPTV	12.1	<u>l</u>	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
KPDX	49.1	<u>l</u>	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	<u> </u>	Bend, OR
KUNP-LD	47.1	<u>l</u>	Portland, OR
KUNP-DT2	47.2	I-M	Portland, OR

ounting Period:	2019/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
	TDS Broadband Serv	ice, LLC		36
	PRIMARY TRANSMITTERS:	TELEVISION		
G		entify every television station (including		
J		m during the accounting period, excep in effect on June 24, 1981, permitting t		
Primary	76.59(d)(2) and (4), 76.61(d	e)(2) and (4), or 76.63 (referring to 76.6		-
nsmitters:		s explained in the next paragraph. : With respect to any distant stations c	arried by your cable system on a sub	stitute program
CVISION	basis under specific FCC ru	ules, regulations, or authorizations:		
	 Do not list the station here station was carried only on 	e in space G—but do list it in space I (t	he Special Statement and Program L	.og)—if the
		also in space I, if the station was carrie	ed both on a substitute basis and also	on some other
		on concerning substitute basis stations		
		n's call sign. <i>Do not</i> report origination of with a station according to its over-the		
	"WETA-2" as the same on	the form.		
		el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	evision station for broadcasting over t	he air in its community
		n case whether the station is a network	station, an independent station, or a	noncommercial
		ering the letter "N" (for network), "N-M"		
		, "E" (for noncommercial educational), or erms, see page (iv) of the general instru	•	onal multicast).
		on of each station. For U.S. stations, lis		s licensed by the
				•
		dian stations, if any, give the name of t	the community with which the station	•
		dian stations, if any, give the name of t	the community with which the station	•
	FCC. For Mexican or Cana		,	is identified.
	FCC. For Mexican or Cana 1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	FCC. For Mexican or Cana		,	is identified.
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s as Necessary	FCC. For Mexican or Cana 1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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ows as Necessary	FCC. For Mexican or Cana 1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
ows as Necessary	FCC. For Mexican or Cana 1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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ows as Necessary	FCC. For Mexican or Cana 1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
Rows as Necessary	FCC. For Mexican or Cana 1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service, LLC

3652

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							
N/A							
	 						
							
							
							
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d: 2019/2 LEGAL NAME OF OWNER OF TDS Broadband Servi SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the program 1. SPECIAL STATEMEN During the accounting pe broadcast by a distant state Note: If your answer is "Note log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograt effect on October 19, 1976	ite; SPECIA tify every no accounting p ming that mu IT CONCEF eriod, did you ation? To exercise the seriod of the seriod of the adcast statinadian statination and the seriod of the seriod of the adcast statinadian statination and the seriod of the seriod of the adcast statination and the seriod of the adcast statination statination statination statination statination and the seriod of the s	AL STATEME Innetwork televiceriod, under spist be included RNING SUBS Ur cable system E rest of this paradd additional connetwork televition and that y or authorization covies" or "bask addast live, entrestation broadd cion's location (ions, if any, the or when your sy e substitute program carries elisted program ions in effect de	ision program, broadd pecific present and for in this log, see page (TITUTE CARRIAGI m carry, on a substitute age blank. If your answard teline. Use abbrevel rows to the tables. Vision program ("substitute the community to whe community with what the community will will will be community with what the community will will be community will will be community will will be community will be	cast by a program of the second of the secon	a distant state C rules, regular e general ins is, any nonn "Yes," you n wherever porogram") the d for the proceral instruction ititles, for e lo." m. station is lice station is ide program. Us cable system 15 p.m. to 6: mming that ; enter the le	etwork te etwork te etwork te etwork te etwork te etwork te enust compossible, if et enust for fu enust during etwork te etwor	rauth n the levision levision the levision levision the levision levision the levision levision the limit the limit the front levision lev	able sys orization paper S on programmeaning account nother sinformale Lucy" FCC or, the the notice account account sinformale lucy account the notice account the n	ns. For a further A1-2 form. ram X NO gram g is ing station tion. or in nonth ately
SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the program 1. SPECIAL STATEMEN During the accounting pe broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00—6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	titity every no accounting pring that multiple in the programme of the proof of the	erinetwork televiveriod, under spist be included RNING SUBS ur cable systeme rest of this paradd additional annetwork televition and that y or authorization ovies" or "bask addast live, entre station broaddion's location (ions, if any, the y when your sy e substitute program carriens in effect distance of the state	ision program, broadd pecific present and for in this log, see page (TITUTE CARRIAGI m carry, on a substitute age blank. If your answard teline. Use abbrevel rows to the tables. Vision program ("substitute the community to whe community with what the community will will will be community with what the community will will be community will will be community will will be community will be	cast by a program of the second of the secon	a distant state C rules, regular e general ins is, any nonn "Yes," you n wherever porogram") the d for the proceral instruction ititles, for e lo." m. station is lice station is ide program. Us cable system 15 p.m. to 6: mming that ; enter the le	etwork te etwork te etwork te etwork te etwork te etwork te enust compossible, if et enust for fu enust during etwork te etwor	rauth n the levision levision the levision levision the levision levision the levision levision the limit the limit the front levision lev	orization paper S on programme programme aning account nother sinforma e Lucy" FCC or, the the nould be as requisted programme.	tem carried on a ns. For a further A1-2 form. ram X NO gram g is ing station tion. or in nonth
In General: In space I, iden substitute basis during the a explanation of the program. 1. SPECIAL STATEMEN. During the accounting periodicast by a distant state of the program of the produce of the pr	tify every no accounting pring that multiple in the principle in the principle in the principle in the principle in the programme in the programme in the programme in the programme in the principle in the programme in the principle in the princ	erinetwork televiveriod, under spist be included RNING SUBS ur cable systeme rest of this paradd additional annetwork televition and that y or authorization ovies" or "bask addast live, entre station broaddion's location (ions, if any, the y when your sy e substitute program carriens in effect distance of the state	ision program, broadd pecific present and for in this log, see page (TITUTE CARRIAGI m carry, on a substitute age blank. If your answard teline. Use abbrevel rows to the tables. Vision program ("substitute the community to whe community with what the community will will will be community with what the community will will be community will will be community will will be community will be	cast by a program of the second of the secon	a distant state C rules, regular e general ins is, any nonn "Yes," you n wherever porogram") the d for the proceral instruction ititles, for e lo." m. station is lice station is ide program. Us cable system 15 p.m. to 6: mming that ; enter the le	etwork te etwork te etwork te etwork te etwork te etwork te enust compossible, if et enust for fu enust during etwork te etwor	rauth n the levision levision the levision levision the levision levision the levision levision the limit the limit the front levision lev	orization paper S on programme programme aning account nother sinforma e Lucy" FCC or, the the nould be as requisted programme.	ns. For a further A1-2 form. ram X NO gram g is ing station tion. or in nonth ately
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						WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA			
	2. LIVE?	E PROGRAM 3. STATION'S	1		5. MONTH		TIMES		7. REASON FOR DELETION
	Yes or No	CALL SIGN	4. STATION'S LOCA	TION	AND DAY	FROM	_	ТО	
	1. TITLE OF PROGRAM N/A	Yes or No	Yes or No CALL SIGN	Yes or No CALL SIGN 4. STATION'S LOCAL	Yes or No CALL SIGN 4. STATION'S LOCATION	Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY	1. ITILE OF PROGRAM Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM	1. ITILE OF PROGRAM Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM —	1. ITILE OF PROGRAM Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM — TO

Accounting Period:	2019/2			FORM	SA1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service, LLC			;	SYSTEM ID# 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 ition of how	econdary trans to compute this	mission servi s amount, se				
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more BLOCK 1: GROSS RECEIPTS OF \$13	0 but less the information	nan \$527,60(\$263,80(
	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	ty fee that yo	ou must pay for t	this six-month	_			
	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	· · · · · · · · · · · · · · · · · · ·	·				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)				
	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 l	less than \$527	,600)				
	Enter the amount of gross receipts from space K	. \$	310,642.18	_				
	Base amount under statutory formula	\$	263,800.00	<u>.</u>				
	3. Subtract line 2 from line 1	\$	46,842.18					
	4. Multiply line 3 by .01		\$	468.42				
	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 .		\$	1,787.42			
	FILING FEE AND TOTAL REMITTANCE DU	JE						
Filing Fee and								
Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,787.42				
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,807.42			
	EFT Trace # or TRANSACTION ID #							
	<u>Important:</u> Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the							

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: d Service, LLC			SYSTEM ID# 3652
M Channels	to its subscribers 1. Enter the total	, and (2) the cable system's total r number of channels on which the	nnnels on which the cable system carried to number of activated channels during the accable	ecounting period.	27
	on which the ca	number of activated channels able system carried television broat ast services	dcast stations		243
N Individual to Be Contacted		BE CONTACTED IF FURTHER I bout this statement of account.)	NFORMATION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	Stephanie Weber		Telephone (608)) 664-4721
	Address	525 Junction Rd (Number, street, rural route, apartment, Madison, WI 53717 (City, town, state, zip)	or suite number)		
	Email	finance@tdstelecon	n.com	Fax (optional)	11111111111111111111111111111111111111
0	CERTIFICATION	(This statement of account must be	e certified and signed in accordance with 0	Copyright Office regulations)	
Certification	• I, the undersign	ed, hereby certify that (Check one, <i>b</i>	out only one, of the boxes.)		
	(Owne	r other than corporation or partne	ership) I am the owner of the cable system	as identified in line 1 of space B; or	
	in	ine 1 of space B and that the owner	or partnership) I am the duly authorized ag r is not a corporation or partnership; or		
	in	ine 1 of space B.	corporation) or a partner (if a partnership) of t		the cable system
		e, and correct to the best of my know	by declare under penalty of law that all state wledge, information, and belief, and are mad		
			X /s/ Sharon V. Tisdale		
			er an electronic signature on the line above to er signature using an "/s/ signature" (e.g., /s/.		
		Typed or printed nar	me: Sharon V. Tisdale		
			ssistant Treasurer position held in corporation or partnership)		
		Date:		25 February 2020	

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 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 Office'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.

counting Period: 2019/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
OS Broadband Service, LLC	3652
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 addir lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section for more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?	ne basic include sub-ion 119." Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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 und For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	0274
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<u>-</u>
(interest	charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistation for the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ance please
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Of list below the owner, address, first community served, ID number, and accounting period as given in the orig	- I
Owner	
Address	
ID number	
First community served Accounting period	

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