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.

# SA3E Long Form

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

7636

#### Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2019/02 Accounting Period Instructions Β Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate title of the subsidiary, not that of the parent corporation. 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 Baja Broadband** 763620192 7636 2019/02 525 Junction Rd Madison, WI 53717-2152 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names 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 IDENTIFICATION OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) City, town, state, zip code) D Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b with all communities. Area Served CITY OR TOWN STATE Hobbs NM First Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP# Alda MD Α Sample Alliance MD в 2 Gering MD в 3 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 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 suffciency of the fling, a determination that would be made by a court of law.

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

02/25/2020

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

| Α                    | ACCOUNTING PERIO | D COVERED BY THIS STATEMENT:   |
|----------------------|------------------|--|
| Accounting<br>Period | 2019/02          | (enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces) |

|        |  | (City, town, state, 2p code)  |              |  |  |  |  |  |  |  |
|--------|--|---|--------------|--|--|--|--|--|--|--|
|        | 2  | MAILING ADDRESS OF CABLE SYSTEM:  |              |  |  |  |  |  |  |  |
|        | 1  |   | 1            |  |  |  |  |  |  |  |
| System |  | IDENTIFICATION OF CABLE SYSTEM:   | 1            |  |  |  |  |  |  |  |
| с      | name   | s arready appear in space B. In line 2, give the mailing address of the system, it different from the address given in space B.   |              |  |  |  |  |  |  |  |
|        |  | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these<br>s already accear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |              |  |  |  |  |  |  |  |
|        |  | h r   | 1            |  |  |  |  |  |  |  |
|        |  | (City, town, state, zip)  |              |  |  |  |  |  |  |  |
|        |  | (Number, street, rural route, apartment, or suite number)<br>Madison, WI 53717-2152   |              |  |  |  |  |  |  |  |
|        |  | 525 Junction Rd   | -            |  |  |  |  |  |  |  |
|        | 3  | MAILING ADDRESS OF OWNER OF CABLE SYSTEM:   |              |  |  |  |  |  |  |  |
|        |  | Baja Broadband  |              |  |  |  |  |  |  |  |
|        | 2  | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):   |              |  |  |  |  |  |  |  |
|        |  | TDS Broadband Service, LLC  |              |  |  |  |  |  |  |  |
|        | 1  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | 1            |  |  |  |  |  |  |  |
|        |  | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 7636  | Filing Perio |  |  |  |  |  |  |  |
|        |  | gle statement of account and royalty fee payment covering the entire accounting period.   | BARCODE      |  |  |  |  |  |  |  |
|        |  | re were different owners during the accounting period, only the owner on the last day of the accounting period should submit  |              |  |  |  |  |  |  |  |
| Owner  | corporate title of the subsidiary, not that of the parent corporation.<br>In line 2, list any other names under which the owner conducts the business of the cable system. |   |              |  |  |  |  |  |  |  |
| в      |  | the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full  |              |  |  |  |  |  |  |  |
|        | INSTR  | UCTIONS:  |              |  |  |  |  |  |  |  |

|  | DI OC   |  |   |   |   |  |  |
|--|---|--|---|---|---|--|--|
| Е  | BLOC  | NO. OF   |   |   |   |  |  |
| -  | CATEGORY OF SERVICE   | SUBSCRIBERS  | RATE  |   |   |  |  |
| Secondary  | Residential:  | 5525CRIBERS  | INATE   |   |   |  |  |
| Transmission   | Service to first set  | 2 170  | \$34 77/140   |   |   |  |  |
| Service: Sub-  |   | 3,170  | \$34.77/Mo.   |   |   |  |  |
|  | Service to additional set(s)     EM radio (if concrete rate)  |  |   |   |   |  |  |
| scribers and   | <ul> <li>FM radio (if separate rate)</li> </ul>   |  |   |   |   |  |  |
| Rates  | Motel, hotel  | 429  | \$10.50-\$14.2  | 8   |   |  |  |
|  | Commercial  |  |   |   |   |  |  |
|  | Converter   |  |   |   |   |  |  |
|  | Residential   | 1,204  | \$5.95/Mo.  |   |   |  |  |
|  | Non-residential   |  |   |   |   |  |  |
|  |   |  |   |   |   |  |  |
|  |   |  |   |   |   | -  |  |
|  |   |  | BLOCK 1   |   |   |  |  |
| _  | CATEGORY OF SERVICE   | RATE   | CATEGORY O  |   | RATE  |  |  |
| F  | Continuing Services:  |  | Installation: No  |   |   |  |  |
|  | Pay cable   | 7.40-19.99   |   | <ul> <li>Motel, hotel</li> </ul>  |   |  |  |
| Services   | <ul> <li>Pay cable—add'l channel</li> </ul>   |  |   | Commercial  | \$0 - \$99.95   |  |  |
| Other Than   | Fire protection   |  |   | Pay cable   |   |  |  |
| Secondary  | <ul> <li>Burglar protection</li> </ul>  |  |   | <ul> <li>Pay cable-add'l channel</li> </ul>   |   |  |  |
| Transmissions:   | Installation: Residential   |  | 1   | Fire protection   |   |  |  |
| Rates  | First set   | 0-49.95  |   | <ul> <li>Burglar protection</li> </ul>  |   |  |  |
|  | <ul> <li>Additional set(s)</li> </ul>   | 0-49.95  | Other services  |   |   |  |  |
|  | FM radio (if separate rate)   |  |   | Reconnect   | 0-25  |  |  |
|  | Converter   |  |   | Disconnect  |   | 1  |  |
|  |   |  |   | Outlet relocation   | 19.98-39.96   | 1  |  |
|  |   |  |   | Move to new address   |   | 1  |  |
|  |   |  |   |   |   |  |  |
|  |   | 1  | 1   |   | 1   |  |  |
|  |   |  |   |   |   |  |  |
|  | CHANNELS  |  |   |   |   |  |  |
| м  | Instructions: You must give (1)   | the number of ch   | annels on whic  | h the cable system carried  | television broadca  | ast stations   |  |
|  |   |  |   |   |   |  |  |
|  | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.   |  |   |   |   |  |  |
| Channels   | to its subscribers and (2) the cal  |  |   |   |   |  |  |
| Channels   |   | ole system's total   | number of activ   |   |   |  |  |
| Channels   | to its subscribers and (2) the cal<br>1. Enter the total number of char   | ole system's total   | number of activ   |   |   |  |  |
| Channels   |   | ble system's total   | number of activ<br>e cable  | rated channels, during the a  |   |  |  |
| Channels   | 1. Enter the total number of char   | ble system's total   | number of activ<br>e cable  | rated channels, during the a  |   |  |  |
| Channels   | 1. Enter the total number of char<br>system carried television broad  | ble system's total<br>nnels on which the<br>dcast stations   | number of activ<br>e cable  | rated channels, during the a  |   |  |  |
| Channels   | <ol> <li>Enter the total number of chan<br/>system carried television broad</li> <li>Enter the total number of activity</li> </ol>  | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels   | number of activ   | rated channels, during the a  |   |  |  |
| Channels   | <ol> <li>Enter the total number of char<br/>system carried television broa</li> <li>Enter the total number of actin<br/>on which the cable system car</li> </ol>  | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro  | number of activ<br>e cable<br>  | rated channels, during the a  |   |  |  |
| Channels   | <ol> <li>Enter the total number of chan<br/>system carried television broad</li> <li>Enter the total number of activity</li> </ol>  | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro  | number of activ<br>e cable<br>  | rated channels, during the a  |   | 29   |  |
| Channels   | <ol> <li>Enter the total number of char<br/>system carried television broa</li> <li>Enter the total number of actin<br/>on which the cable system car</li> </ol>  | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro  | number of activ<br>e cable<br>  | rated channels, during the a  |   | 29   |  |
|  | Enter the total number of cha<br>system carried television broa     Enter the total number of action<br>on which the cable system car<br>and nonbroadcast services.   | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro  | number of active e cable  | ated channels, during the a   | accounting period   | 29   |  |
| Channels   | Enter the total number of charsystem carried television broad<br>Enter the total number of acthors on which the cable system car<br>and nonbroadcast services<br>INDIVIDUAL TO BE CONTACT   | ble system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br>ED IF FURTHER   | number of active e cable  | ated channels, during the a   | accounting period   | 29   |  |
| N  | Enter the total number of cha<br>system carried television broa     Enter the total number of action<br>on which the cable system car<br>and nonbroadcast services.   | ble system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br>ED IF FURTHER   | number of active e cable  | ated channels, during the a   | accounting period   | 29   |  |
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| N<br>Individual to<br>Be Contacted<br>for Further                | Enter the total number of cha<br>system carried television broa<br>Enter the total number of acti-<br>on which the cable system car<br>and nonbroadcast services .<br>INDIVIDUAL TO BE CONTACT<br>we can contact about this statem  | ble system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br>ED IF FURTHER   | number of active                  | ated channels, during the a   | ndividual   | 29   |  |
| N<br>Individual to<br>Be Contacted                               | Enter the total number of charsystem carried television broad     Enter the total number of active on which the cable system carried and nonbroadcast services     INDIVIDUAL TO BE CONTACT     we can contact about this statem     Name   | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br>ED IF FURTHER<br>nent of account.)<br>Stephanie W   | number of active a cable a cab                  | ated channels, during the a   | ndividual   | 29   |  |
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| N<br>Individual to<br>Be Contacted<br>for Further                | Enter the total number of charsystem carried television broad     Enter the total number of active on which the cable system carried and nonbroadcast services     INDIVIDUAL TO BE CONTACT     we can contact about this statem     Name   | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br><b>ED IF FURTHER</b><br>nent of account.)<br><b>Stephanie W</b><br>525 Junction<br>(Num   | number of activ<br>a cable<br>adcast stations<br>INFORMATIO   | ated channels, during the a   | ndividual<br>Telephone  | 29   |  |
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| N<br>Individual to<br>Be Contacted<br>for Further                | Enter the total number of charsystem carried television broad     Enter the total number of active on which the cable system carried and nonbroadcast services     INDIVIDUAL TO BE CONTACT     we can contact about this statem     Name   | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br><b>ED IF FURTHER</b><br>nent of account.)<br><b>Stephanie W</b><br><b>525 Junction</b><br>(Num<br>Madison, WI   | number of activ<br>a cable<br>adcast stations<br>INFORMATIO   | rated channels, during the a  | Individual<br>Telephone   | 29<br>309<br>(608) 664-4721  |  |
| N<br>Individual to<br>Be Contacted<br>for Further                | Enter the total number of charsystem carried television broad     Enter the total number of active on which the cable system carried and nonbroadcast services     INDIVIDUAL TO BE CONTACT     we can contact about this statem     Name   | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br><b>ED IF FURTHER</b><br>nent of account.)<br><b>Stephanie W</b><br><b>525 Junction</b><br>(Num<br>Madison, WI   | number of activ<br>a cable<br>adcast stations<br>inFORMATIO<br>leber<br>Rd<br>ber, street, rural<br>53717   | rated channels, during the a  | Individual<br>Telephone   | 29<br>309<br>(608) 664-4721  |  |
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| N<br>Individual to<br>Be Contacted<br>for Further                | Enter the total number of charsystem carried television broad     Enter the total number of active on which the cable system carried and nonbroadcast services     INDIVIDUAL TO BE CONTACT     we can contact about this statem     Name     Address     Email (optional)  | ble system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br><b>ED IF FURTHER</b><br>nent of account.)<br><b>Stephanie W</b><br><b>525 Junction</b><br>(Num<br><b>Madison, WI</b><br><b>finance@tds</b>                                | number of activ<br>e cable<br>adcast stations<br>INFORMATIO<br>INFORMATIO<br>ber, street, rural<br>53717<br>town, state, zip)   | rated channels, during the a  | Individual Telephone Telephone Telephone Telephone  | 29<br>309<br>(608) 664-4721  |  |
| N<br>Individual to<br>Be Contacted<br>for Further<br>Information | I. Enter the total number of charsystem carried television broad<br>2. Enter the total number of action which the cable system carried television broadcast services     INDIVIDUAL TO BE CONTACT<br>we can contact about this stater<br>Name<br>Address<br>Email (optional)     CERTIFICATION (This statement                                      | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br><b>ED IF FURTHER</b><br>nent of account.)<br><b>Stephanie W</b><br><b>525 Junction</b><br>(Num<br><b>Madison, WI</b><br>(City.<br><b>finance@tds</b><br>of account must i | number of activ<br>a cable<br>adcast stations<br>inFORMATIO<br>ber, street, rural<br>53717<br>telecom.coor<br>telecom.coor  | ated channels, during the a   | Individual Telephone Telephone Fax (optional) Copyright Office n  | 29<br>309<br>(608) 664-4721  |  |
| N<br>Individual to<br>Be Contacted<br>for Further<br>Information | I. Enter the total number of charsystem carried television broad<br>2. Enter the total number of active on which the cable system carried and nonbroadcast services     INDIVIDUAL TO BE CONTACT<br>we can contact about this stater<br>Name<br>Address<br>Email (optional)     CERTIFICATION (This statement<br>Signature Space O – this form will | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br>ED IF FURTHER<br>ED IF FURTHER<br>S25 Junction<br>(Num<br>Madison, WI<br>(Criy,<br>finance@tds<br>of account must I<br>be submitted with                                  | number of activ<br>a cable<br>adcast stations<br>inFORMATIO<br>leber<br>Rd<br>Ber, street, rural<br>33717<br>toom, state, zip)<br>telecom.coo   | ated channels, during the a   | individual<br>Telephone<br>Derr)<br>Fax (optional)  | 29<br>309<br>(608) 664-4721  |  |
| N<br>Individual to<br>Be Contacted<br>for Further<br>Information | I. Enter the total number of charsystem carried television broad<br>2. Enter the total number of action which the cable system carried television broadcast services     INDIVIDUAL TO BE CONTACT<br>we can contact about this stater<br>Name<br>Address<br>Email (optional)     CERTIFICATION (This statement                                      | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br>ED IF FURTHER<br>ED IF FURTHER<br>DIF FURTHER<br>S25 Junction<br>(Num<br>Madison, WI<br>(Criy,<br>finance@tds<br>of account must I<br>be submitted with                   | number of activ<br>a cable<br>adcast stations<br>inFORMATIO<br>leber<br>Rd<br>Ber, street, rural<br>33717<br>toom, state, zip)<br>telecom.coo   | ated channels, during the a   | individual<br>Telephone<br>Derr)<br>Fax (optional)  | 29<br>309<br>(608) 664-4721  |  |
| N<br>Individual to<br>Be Contacted<br>for Further<br>Information | I. Enter the total number of charsystem carried television broad<br>2. Enter the total number of active on which the cable system carried and nonbroadcast services     INDIVIDUAL TO BE CONTACT<br>we can contact about this stater<br>Name<br>Address<br>Email (optional)     CERTIFICATION (This statement<br>Signature Space O – this form will | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br>ED IF FURTHER<br>ED IF FURTHER<br>DIF FURTHER<br>S25 Junction<br>(Num<br>Madison, WI<br>(Criy,<br>finance@tds<br>of account must I<br>be submitted with                   | number of activ<br>a cable<br>adcast stations<br>inFORMATIO<br>leber<br>Rd<br>Ber, street, rural<br>33717<br>toom, state, zip)<br>telecom.coo   | ated channels, during the a   | individual<br>Telephone<br>Derr)<br>Fax (optional)  | 29<br>309<br>(608) 664-4721  |  |
| N<br>Individual to<br>Be Contacted<br>for Further<br>Information | I. Enter the total number of charsystem carried television broad<br>2. Enter the total number of active on which the cable system carried and nonbroadcast services     INDIVIDUAL TO BE CONTACT<br>we can contact about this stater<br>Name<br>Address<br>Email (optional)     CERTIFICATION (This statement<br>Signature Space O – this form will | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br>ED IF FURTHER<br>ED IF FURTHER<br>DIF FURTHER<br>S25 Junction<br>(Num<br>Madison, WI<br>(Criy,<br>finance@tds<br>of account must I<br>be submitted with                   | number of activ<br>a cable<br>adcast stations<br>inFORMATIO<br>ber, street, rural<br>53717<br>town, state, zip)<br>telecom.coi<br>telecom.coi<br>telecom.coi<br>telecom.coi<br>telecom.coi<br>telecom.coi<br>telecom.coi  | n IS NEEDED: (Identify an<br>N IS NEEDED: (Identify an<br>route, apartment, or suite nur<br>signed in accordance with in<br>"/s/" signature (e.g., /s/John<br>k in Space O of tab "page 8   | Individual<br>Telephone<br>(ber)<br>Fax (optional)<br>Copyright Office ro<br>space M-O".                        | 29<br>309<br>(608) 664-4721  |  |
| N<br>Individual to<br>Be Contacted<br>for Further<br>Information | I. Enter the total number of charsystem carried television broad<br>2. Enter the total number of active on which the cable system carried and nonbroadcast services     INDIVIDUAL TO BE CONTACT<br>we can contact about this stater<br>Name<br>Address<br>Email (optional)     CERTIFICATION (This statement<br>Signature Space O – this form will | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br>ED IF FURTHER<br>ED IF FURTHER<br>DIF FURTHER<br>S25 Junction<br>(Num<br>Madison, WI<br>(Criy,<br>finance@tds<br>of account must I<br>be submitted with                   | number of activ<br>a cable<br>adcast stations<br>inFORMATIO<br>leber<br>Rd<br>Ber, street, rural<br>33717<br>toom, state, zip)<br>telecom.coo   | n IS NEEDED: (Identify an<br>N IS NEEDED: (Identify an<br>route, apartment, or suite nur<br>signed in accordance with in<br>"/s/" signature (e.g., /s/John<br>k in Space O of tab "page 8   | individual<br>Telephone<br>Derr)<br>Fax (optional)  | 29<br>309<br>(608) 664-4721  |  |
| N<br>Individual to<br>Be Contacted<br>for Further<br>Information | I. Enter the total number of charsystem carried television broad<br>2. Enter the total number of active on which the cable system carried and nonbroadcast services     INDIVIDUAL TO BE CONTACT<br>we can contact about this stater<br>Name<br>Address<br>Email (optional)     CERTIFICATION (This statement<br>Signature Space O – this form will | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br>ED IF FURTHER<br>ED IF FURTHER<br>DIF FURTHER<br>S25 Junction<br>(Num<br>Madison, WI<br>(Criy,<br>finance@tds<br>of account must I<br>be submitted with                   | number of activ<br>a cable<br>adcast stations<br>inFORMATIO<br>ber, street, rural<br>53717<br>town, state, zip)<br>telecom.coi<br>telecom.coi<br>telecom.coi<br>telecom.coi<br>telecom.coi<br>telecom.coi<br>telecom.coi  | n IS NEEDED: (Identify an<br>N IS NEEDED: (Identify an<br>route, apartment, or suite nur<br>signed in accordance with in<br>"/s/" signature (e.g., /s/John<br>k in Space O of tab "page 8   | Individual<br>Telephone<br>(ber)<br>Fax (optional)<br>Copyright Office ro<br>space M-O".                        | 29<br>309<br>(608) 664-4721  |  |
| N<br>Individual to<br>Be Contacted<br>for Further<br>Information | I. Enter the total number of charsystem carried television broad<br>2. Enter the total number of active on which the cable system carried and nonbroadcast services     INDIVIDUAL TO BE CONTACT<br>we can contact about this stater<br>Name<br>Address<br>Email (optional)     CERTIFICATION (This statement<br>Signature Space O – this form will | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br>ED IF FURTHER<br>ED IF FURTHER<br>DIF FURTHER<br>S25 Junction<br>(Num<br>Madison, WI<br>(Criy,<br>finance@tds<br>of account must I<br>be submitted with                   | number of activ<br>a cable<br>adcast stations<br>inFORMATIO<br>eber<br>FRd<br>ber, street, rural<br>53717<br>telecom.com<br>telecom.com<br>company state, zip)<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com<br>telecom.com.com<br>telecom.com.com<br>telecom.com.com<br>telecom.com.com.com.com.com.com.com.com.com. | N IS NEEDED: (Identify an<br>N IS NEEDED: (Identify an<br>noute, apartment, or suite nur<br>signed in accordance with 1<br>"/s" signature (e.g., /s/Joh<br>k in Space O of tab "page 8<br>ited name: Sharon   | Individual<br>Telephone<br>(ber)<br>Fax (optional)<br>Copyright Office ro<br>space M-O".                        | 29<br>309<br>(608) 664-4721  |  |
| N<br>Individual to<br>Be Contacted<br>for Further<br>Information | I. Enter the total number of charsystem carried television broad<br>2. Enter the total number of active on which the cable system carried and nonbroadcast services     INDIVIDUAL TO BE CONTACT<br>we can contact about this stater<br>Name<br>Address<br>Email (optional)     CERTIFICATION (This statement<br>Signature Space O – this form will | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br>ED IF FURTHER<br>ED IF FURTHER<br>DIF FURTHER<br>S25 Junction<br>(Num<br>Madison, WI<br>(Criy,<br>finance@tds<br>of account must I<br>be submitted with                   | number of activ<br>a cable<br>adcast stations<br>inFORMATIO<br>eber<br>Rd<br>53717<br>telecom.coo<br>telecom.coo<br>telecom.coo<br>Typed or prir<br>Title:  | n N IS NEEDED: (Identify an route, apartment, or suite nur signed in accordance with 1 '/s/" signature (e.g., /s/Joh k in Space O of tab "page 8 ited name: Sharon Assistant Treasurer  | Individual<br>Telephone<br>Deprij<br>Fax (optional)<br>Copyright Office n<br>n Smith). Do not<br>, space M-O''. | 29<br>309<br>(608) 664-4721<br>egulations.)<br>forget to enter an electronic |  |
| N<br>Individual to<br>Be Contacted<br>for Further<br>Information | I. Enter the total number of charsystem carried television broad<br>2. Enter the total number of active on which the cable system carried and nonbroadcast services     INDIVIDUAL TO BE CONTACT<br>we can contact about this stater<br>Name<br>Address<br>Email (optional)     CERTIFICATION (This statement<br>Signature Space O – this form will | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br>ED IF FURTHER<br>ED IF FURTHER<br>DIF FURTHER<br>S25 Junction<br>(Num<br>Madison, WI<br>(Criy,<br>finance@tds<br>of account must I<br>be submitted with                   | number of activ<br>a cable<br>adcast stations<br>inFORMATIO<br>eber<br>Rd<br>53717<br>telecom.coo<br>telecom.coo<br>telecom.coo<br>Typed or prir<br>Title:  | N IS NEEDED: (Identify an<br>N IS NEEDED: (Identify an<br>noute, apartment, or suite nur<br>signed in accordance with 1<br>"/s" signature (e.g., /s/Joh<br>k in Space O of tab "page 8<br>ited name: Sharon   | Individual<br>Telephone<br>Deprij<br>Fax (optional)<br>Copyright Office n<br>n Smith). Do not<br>, space M-O''. | 29<br>309<br>(608) 664-4721<br>egulations.)<br>forget to enter an electronic |  |
| N<br>Individual to<br>Be Contacted<br>for Further<br>Information | I. Enter the total number of charsystem carried television broad<br>2. Enter the total number of active on which the cable system carried and nonbroadcast services     INDIVIDUAL TO BE CONTACT<br>we can contact about this stater<br>Name<br>Address<br>Email (optional)     CERTIFICATION (This statement<br>Signature Space O – this form will | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br>ED IF FURTHER<br>ED IF FURTHER<br>DIF FURTHER<br>S25 Junction<br>(Num<br>Madison, WI<br>(Criy,<br>finance@tds<br>of account must I<br>be submitted with                   | number of activ<br>a cable<br>adcast stations<br>inFORMATIO<br>eber<br>FRd<br>ber, street, rural<br>53717<br>telecom.com<br>telecom.com<br>comparing the signature bo<br>Typed or prir<br>Title:<br>(Title  | A IS NEEDED: (Identify an<br>N IS NEEDED: (Identify an<br>route, apartment, or suite nur<br>signed in accordance with 1<br>"/s" signature (e.g., /s/Joh<br>k in Space O of tab "page 8<br>ited name: Sharon<br>Assistant Treasurer<br>of official position held in corp | Individual<br>Telephone<br>Deprij<br>Fax (optional)<br>Copyright Office n<br>n Smith). Do not<br>, space M-O''. | 29<br>309<br>(608) 664-4721<br>egulations.)<br>forget to enter an electronic |  |
| N<br>Individual to<br>Be Contacted<br>for Further<br>Information | I. Enter the total number of charsystem carried television broad<br>2. Enter the total number of active on which the cable system carried and nonbroadcast services     INDIVIDUAL TO BE CONTACT<br>we can contact about this stater<br>Name<br>Address<br>Email (optional)     CERTIFICATION (This statement<br>Signature Space O – this form will | ole system's total<br>nnels on which the<br>dcast stations<br>vated channels<br>ried television bro<br>ED IF FURTHER<br>ED IF FURTHER<br>DIF FURTHER<br>S25 Junction<br>(Num<br>Madison, WI<br>(Criy,<br>finance@tds<br>of account must I<br>be submitted with                   | number of activ<br>a cable<br>adcast stations<br>inFORMATIO<br>eber<br>Rd<br>53717<br>telecom.coo<br>telecom.coo<br>telecom.coo<br>Typed or prir<br>Title:  | n N IS NEEDED: (Identify an route, apartment, or suite nur signed in accordance with 1 '/s/" signature (e.g., /s/Joh k in Space O of tab "page 8 ited name: Sharon Assistant Treasurer  | Individual<br>Telephone<br>Deprij<br>Fax (optional)<br>Copyright Office n<br>n Smith). Do not<br>, space M-O''. | 29<br>309<br>(608) 664-4721<br>egulations.)<br>forget to enter an electronic |  |

| Total Gross Receipts          |   |                         | \$ | <mark>1,223,601.11</mark><br>ок |
|-------------------------------|---|-------------------------|----|---------------------------------|
| Subgroup Gross Receipts Total |   |                         | \$ | 1,223,601.11                    |
| Subgroup                      |   | Subgroup/Community Name | G  | ross Receipts                   |
| FIRST                         | 1 | Hobbs, NM               | \$ | 1,151,704.26                    |
| SECOND                        | 2 | Eunice, NM              | \$ | 71,896.85                       |
| THIRD                         | 3 |                         |    |                                 |
| FOURTH                        | 4 |                         |    |                                 |
| FIFTH                         | 5 |                         |    |                                 |
|                               |   |                         |    |                                 |

| SIXTH          | 6  |
|----------------|----|
| SEVENTH        | 7  |
| EIGHTH         | 8  |
| NINTH          | 9  |
| TENTH          | 10 |
| ELEVENTH       | 11 |
| TWELVTH        | 12 |
| THIRTEENTH     | 13 |
| FOURTEENTH     | 14 |
| FIFTEENTH      | 15 |
| SIXTEENTH      | 16 |
| SEVENTEENTH    | 17 |
| EIGHTEENTH     | 18 |
| NINTEENTH      | 19 |
| TWENTIETH      | 20 |
| TWENTY-FIRST   | 21 |
| TWENTY-SECOND  | 22 |
| TWENTY-THIRD   | 23 |
| TWENTY-FOURTH  | 24 |
| TWENTY-FIFTH   | 25 |
| TWENTY-SIXTH   | 26 |
| TWENTY-SEVENTH | 27 |
| TWENTY-EIGHTH  | 28 |
| TWENTY-NINTH   | 29 |
| THIRTIETH      | 30 |
| THIRTY-FIRST   | 31 |
| THIRTY-SECOND  | 32 |
| THIRTY-THIRD   | 33 |
| THIRTY-FOURTH  | 34 |
| THIRTY-FIFTH   | 35 |
| THIRTY-SIXTH   | 36 |
| THIRTY-SEVENTH | 37 |
| THIRTY-EIGHTH  | 38 |
| THIRTY-NINTH   | 39 |
| FORTIETH       | 40 |

|              | 2. B'cast<br>Channel | 3. Type of |                        |       | Space G<br>Basis of |
|--------------|----------------------|------------|------------------------|-------|---------------------|
| 1. Call Sign | Number               | Station    | 6. Location of Station | DSE   | Carriage            |
| КОАТ         | 7.1                  | Ν          | Albuquerque, NM        | 0.250 |                     |
| KOAT-DT2     | 7.2                  | N-M        | Albuquerque, NM        | 0.250 |                     |
| KOAT-DT3     | 7.3                  | N-M        | Albuquerque, NM        | 0.250 |                     |
| KBIM         | 10.1                 | Ν          | Roswell, NM            | 0.250 |                     |
| KBIM-DT2     | 10.2                 | N-M        | Roswell, NM            | 0.250 |                     |
| KOBR         | 4.1                  | Ν          | Roswell, NM            | 0.250 |                     |
| KOBR-DT2     | 4.2                  | N-M        | Roswell, NM            | 0.250 |                     |
| KLUZ         | 14.1                 | l I        | Albuquerque, NM        | 1.000 |                     |
| KUPT         | 29.1                 | l I        | Hobbs, NM              | 1.000 |                     |
| KUPT-DT2     | 29.2                 | I-M        | Hobbs, NM              | 1.000 |                     |
| KTEL         | 15.1                 | I          | Hobbs, NM              | 1.000 |                     |
| KRTN         | 29.3                 | I.         | Albuquerque, NM        | 1.000 |                     |
| KASA         | 2.1                  | I.         | Santa Fe, NM           | 1.000 |                     |
| K42FX-D      | 42.1                 | Е          | Hobbs, NM              | 0.250 |                     |
| KRPV-DT      | 27.1                 | I.         | Roswell, NM            | 1.000 |                     |
| KCHF         | 11.1                 | l I        | Albuquerque, NM        | 1.000 |                     |
| K19KT        | 45.1                 | I          | Hobbs, NM              | 1.000 |                     |
| KMID         | 2.1                  | Ν          | Midland, TX            | 0.250 |                     |
| KOSA         | 7.1                  | Ν          | Odessa, TX             | 0.250 |                     |
| KOSA-DT2     | 7.2                  | N-M        | Odessa, TX             | 0.250 |                     |
| KOSA-DT3     | 7.3                  | N-M        | Odessa, TX             | 0.250 |                     |
| KPEJ         | 24.1                 | Ν          | Odessa, TX             | 0.250 |                     |
| KPEJ-DT2     | 24.2                 | N-M        | Odessa, TX             | 0.250 |                     |
| KWES         | 9.1                  | Ν          | Odessa, TX             | 0.250 |                     |
| KWES-DT2     | 9.2                  | N-M        | Odessa, TX             | 0.250 |                     |
| KUPB         | 18.1                 | I          | Midland, TX            | 1.000 |                     |
| KUPB-DT2     | 18.2                 | I-M        | Midland, TX            | 1.000 |                     |
| KRPV-DT      | 27.1                 | I.         | Roswell, NM            | 1.000 | 0                   |
| KCHF         | 11.1                 | I.         | Albuquerque, NM        | 1.000 | 0                   |
|              |                      |            |                        | #N/A  |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |

|              | 2. B'cast<br>Channel | 3. Type of                     |              | Space G<br>Basis of |
|--------------|----------------------|--------------------------------|--------------|---------------------|
| 1. Call Sign | Number               | Station 6. Location of Station | DSE          | Carriage            |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A<br>#N/A |                     |
|              |                      |                                | #N/A         |                     |
|              |                      |                                | ,<br>#N/A    |                     |
|              |                      |                                | #N/A         |                     |

|              | 2. B'cast<br>Channel | 3. Type of |                        |      | Space G<br>Basis of |
|--------------|----------------------|------------|------------------------|------|---------------------|
| 1. Call Sign | Number               | Station    | 6. Location of Station | DSE  | Carriage            |
|              |                      |            |                        | #N/A |                     |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|--------------------------------------|------------|
| TDS Broadband Service, LLC           | 20192      |

**Instructions:** Use this sheet to enter any notes or other information that you feel might assist the Copyright Examiner in the examination of your Statement of Account.



| FORM | SA3E. | PAGE | 1b. |
|------|-------|------|-----|
|      |       |      |     |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>TDS Broadband Service, LLC   |       |            | SYSTEM ID#<br>7636 |   |  |  |  |
|--|-------|------------|--------------------|---|--|--|--|
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined<br>in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated<br>areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form<br>of system identification hereafter known as the "first community." Please use it as the first community on all future filings.<br>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses<br>below the identified city or town.<br>If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate<br>all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations<br>on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group,<br>designated by a number (based on your reporting from Part 9).<br>When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a<br>channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number |       |            |                    |   |  |  |  |
| (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b<br>CITY OR TOWN   | STATE | CH LINE UP | SUB GRP#           |   |  |  |  |
| Hobbs  | NM    |            | 30B GI(F#          | Firef   |  |  |  |
| Lea County   | NM    | AA         | 1                  | First<br>Community                            |  |  |  |
| Eunice   | NM    | AB         | 2                  | See instructions for                          |  |  |  |
|  |       |            |                    | additional information<br>on alphabetization. |  |  |  |
|  |       |            |                    | Add rows as necessary.                        |  |  |  |
|  |       |            |                    |   |  |  |  |
|  |       |            |                    |   |  |  |  |
|  |       |            |                    |   |  |  |  |
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| Name                                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:   |  |   |   |  |   |                                     |   |   |  |      |  |
|---|--|--|---|---|--|---|-------------------------------------|---|---|--|------|--|
| Name                                      | TDS Broadband Service  | e, LLC   |   |   |  |   |                                     |   |   |  | 763  |  |
| Е   | SECONDARY TRANSMISSION   |  |   | -   | -  |   |                                     |   |   |  |      |  |
| <b>L</b>                                  | <b>In General:</b> 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  |  |   |   |  |   |                                     |   |   |  |      |  |
| Secondary                                 | about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the   |  |   |   |  |   |                                     |   |   |  |      |  |
| Transmission                              | last day of the accounting period (June 30 or December 31, as the case may be).  |  |   |   |  |   |                                     |   |   |  |      |  |
| Service: Sub-                             | 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  |  |   |   |  |   |                                     |   |   |  |      |  |
| scribers and<br>Rates                     | 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).   |  |   |   |  |   |                                     |   |   |  |      |  |
|   | <b>Rate:</b> 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   |  |   |   |  |   |                                     |   |   |  |      |  |
|   |  |  |   |   |  | idard rate variatio   | ons                                 | s within a  | particular rate   |  |      |  |
|   | category, but do not include discounts allowed for advance payment.<br>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. <b>Note:</b> 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)."   |  |   |   |  |   |                                     |   |   |  |      |  |
|   | <b>Block 2:</b> 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 a   |  |   |   |  |   |                                     |   |   |  |      |  |
|   | sufficient.  | T  |   |   | BLOC   | К 2   |                                     |   |   |  |      |  |
|   |  | NO. OF   |   |   |  |   |                                     |   | NO. OF  |  |      |  |
|   | CATEGORY OF SERVICE  | SUBSCRIBERS RATE   |   |   | CATEGORY OF SERVICE  |   |                                     |   | SUBSCRIBERS   |  | RATE |  |
|   | • Service to first set   |  |   |   |  |   |                                     |   |   |  |      |  |
|   |  | ervice to additional set(s)  |   |   |  |   |                                     |   |   |  |      |  |
|   | • FM radio (if separate rate)  |  |   |   |  |   |                                     |   |   |  |      |  |
|   | Motel, hotel   |  | 429   | 10.50-\$14.28   |  |   |                                     |   |   |  |      |  |
|   | Commercial   |  |   |   |  |   |                                     |   |   |  |      |  |
|   | Converter     Residential  |  | 1 204   | ¢E OE/Ma  |  |   |                                     |   |   |  |      |  |
|   | Non-residential  |  | 1,204   | \$5.95/Mo.  |  |   |                                     |   |   |  |      |  |
|   |  |  |   |   |  |   |                                     |   |   |  |      |  |
|   | SERVICES OTHER THAN SEC  | ONDARY TR  | ANSMI   | SSIONS: RAT   | ES   |   |                                     |   |   |  |      |  |
| F   | In General: Space F calls for ra   |  | '   |   | •  | •   | -                                   |   |   |  |      |  |
| •   | not covered in space E, that is, t<br>service for a single fee. There a  |  |   |   |  |   |                                     |   |   |  |      |  |
| Comilana                                  | 5  |  |   |   | o dive ra  | ate information co  | onc                                 | 0.  | ,   |  |      |  |
| Services                                  | furnished at cost or (2) services  | or facilities fur  | nished  | to nonsubscrib  | •  |   |                                     |   | both the  |  |      |  |
| Other Than                                | amount of the charge and the u   | nit in which it is   |   |   | ers. Rat   | e information sho   | oulo                                |   |   |  |      |  |
|   | amount of the charge and the un<br>enter only the letters "PP" in the  | nit in which it is<br>rate column.   | susuall   | y billed. If any  | ers. Rati<br>rates are   | e information sho<br>charged on a va  | oulo<br>aria                        | ible per-p  | orogram basis,  |  |      |  |
| Other Than<br>Secondary                   | amount of the charge and the un<br>enter only the letters "PP" in the<br><b>Block 1:</b> Give the standard ra<br><b>Block 2:</b> List any services tha   | hit in which it is<br>rate column.<br>te charged by<br>t your cable sy   | s usuall<br>the cab<br>stem fu  | y billed. If any<br>le system for e<br>urnished or offe   | ers. Rate<br>rates are<br>each of th<br>ered durit                                   | e information sho<br>charged on a va<br>ne applicable ser<br>ng the accounting  | oulo<br>aria<br>rvic<br>g p         | ible per-p<br>es listed.<br>eriod tha               | program basis,<br>t were not                            |  |      |  |
| Other Than<br>Secondary<br>Transmissions: | amount of the charge and the un<br>enter only the letters "PP" in the<br><b>Block 1:</b> Give the standard ra<br><b>Block 2:</b> List any services tha<br>listed in block 1 and for which a  | nit in which it is<br>rate column.<br>te charged by<br>t your cable sy<br>separate charg   | s usuall<br>the cab<br>stem fu<br>ge was  | y billed. If any<br>le system for e<br>irnished or offe<br>made or estat  | ers. Rate<br>rates are<br>each of th<br>ered durit                                   | e information sho<br>charged on a va<br>ne applicable ser<br>ng the accounting  | oulo<br>aria<br>rvic<br>g p         | ible per-p<br>es listed.<br>eriod tha               | program basis,<br>t were not                            |  |      |  |
| Other Than<br>Secondary<br>Transmissions: | amount of the charge and the un<br>enter only the letters "PP" in the<br><b>Block 1:</b> Give the standard ra<br><b>Block 2:</b> List any services tha   | hit in which it is<br>rate column.<br>te charged by<br>t your cable sy<br>separate charge<br>ption and inclu   | the cab<br>stem fu<br>ge was<br>de the i  | y billed. If any<br>le system for e<br>irnished or offe<br>made or estat  | ers. Rate<br>rates are<br>each of th<br>ered durit                                   | e information sho<br>charged on a va<br>ne applicable ser<br>ng the accounting  | oulo<br>aria<br>rvic<br>g p         | ible per-p<br>es listed.<br>eriod tha               | program basis,<br>t were not<br>ne form of a            |  |      |  |
| Other Than<br>Secondary<br>Transmissions: | amount of the charge and the un<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard ra<br><b>Block 2</b> : List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip  | hit in which it is<br>rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>ption and inclu  | the cab<br>stem fu<br>ge was<br>de the i  | y billed. If any<br>le system for e<br>urnished or offe<br>made or estab<br>rate for each.  | ers. Rat<br>rates are<br>each of th<br>ered durin<br>lished. L                       | e information sho<br>charged on a va<br>ne applicable ser<br>ng the accountin<br>ist these other s                            | oulo<br>aria<br>rvica<br>g p<br>erv | ible per-p<br>es listed.<br>eriod tha<br>ices in th | brogram basis,<br>t were not<br>te form of a<br>BLOCK 2 |  | RATE |  |
| Other Than<br>Secondary<br>Transmissions: | amount of the charge and the un<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard ra<br><b>Block 2</b> : List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE   | hit in which it is<br>rate column.<br>te charged by<br>t your cable sy<br>separate charge<br>ption and inclu   | the cab<br>rstem fu<br>ge was<br>de the r<br>CK 1<br>CATEC  | y billed. If any<br>le system for e<br>irnished or offe<br>made or estat  | ers. Rat<br>rates are<br>each of th<br>red durin<br>lished. L                        | e information sho<br>charged on a va<br>ne applicable ser<br>ng the accounting<br>ist these other s<br>RATE                   | oulo<br>aria<br>rvica<br>g p<br>erv | ible per-p<br>es listed.<br>eriod tha<br>ices in th | program basis,<br>t were not<br>ne form of a            |  | RATE |  |
| Other Than<br>Secondary<br>ransmissions:  | amount of the charge and the un<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard ra<br><b>Block 2</b> : List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip  | hit in which it is<br>rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>ption and inclu  | the cab<br>stem fu<br>ge was<br>de the f<br>CK 1<br>CATE(<br>Install  | y billed. If any<br>le system for e<br>urnished or offe<br>made or estat<br>rate for each.<br>GORY OF SEF   | ers. Rat<br>rates are<br>each of th<br>red durin<br>lished. L                        | e information sho<br>charged on a va<br>ne applicable ser<br>ng the accounting<br>ist these other s<br>RATE                   | oulo<br>aria<br>rvica<br>g p<br>erv | ible per-p<br>es listed.<br>eriod tha<br>ices in th | brogram basis,<br>t were not<br>te form of a<br>BLOCK 2 |  | RATE |  |
| Other Than<br>Secondary<br>Transmissions: | amount of the charge and the un<br>enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'I channel   | hit in which it is<br>rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>ption and inclu<br>BLOO<br>RATE                          | the cab<br>rstem fu<br>ge was<br>de the f<br>CK 1<br>CATE(<br>Install<br>• Mo   | y billed. If any<br>ole system for e<br>urnished or offe<br>made or estab<br>rate for each.<br>GORY OF SEF<br>ation: Non-re   | ers. Rat<br>rates are<br>each of th<br>red durin<br>lished. L                        | e information sho<br>charged on a va<br>ne applicable ser<br>ng the accounting<br>ist these other s<br>RATE                   | oulo<br>aria<br>rvica<br>g p<br>erv | ible per-p<br>es listed.<br>eriod tha<br>ices in th | brogram basis,<br>t were not<br>te form of a<br>BLOCK 2 |  | RATE |  |
| Other Than<br>Secondary<br>Transmissions: | amount of the charge and the un<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard ra<br><b>Block 2</b> : List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection  | hit in which it is<br>rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>ption and inclu<br>BLOO<br>RATE                          | the cab<br>rstem fu<br>ge was<br>de the fu<br>CK 1<br>CATEO<br>Install<br>• Mo<br>• Co<br>• Pa  | y billed. If any<br>ole system for e<br>urnished or offe<br>made or estat<br>rate for each.<br>GORY OF SEF<br>ation: Non-re<br>otel, hotel<br>mmercial<br>y cable   | ers. Rat<br>rates are<br>each of the<br>red durin<br>lished. L<br>RVICE<br>sidentia  | e information sho<br>charged on a va<br>ne applicable ser<br>ng the accounting<br>ist these other s<br>RATE                   | oulo<br>aria<br>rvica<br>g p<br>erv | ible per-p<br>es listed.<br>eriod tha<br>ices in th | brogram basis,<br>t were not<br>te form of a<br>BLOCK 2 |  | RATE |  |
| Other Than<br>Secondary<br>Transmissions: | amount of the charge and the un<br>enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection   | hit in which it is<br>rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>ption and inclu<br>BLOO<br>RATE                          | the cab<br>stem fL<br>ge was<br>de the f<br>CK 1<br>CATE(<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Pa  | y billed. If any<br>ole system for e<br>urnished or offe<br>made or estab<br>rate for each.<br>GORY OF SEF<br>ation: Non-re<br>otel, hotel<br>mmercial<br>y cable<br>y cable-add'l c  | ers. Rat<br>rates are<br>each of the<br>red durin<br>lished. L<br>RVICE<br>sidentia  | e information sho<br>charged on a va<br>ne applicable ser<br>ng the accounting<br>ist these other s<br>RATE                   | oulo<br>aria<br>rvica<br>g p<br>erv | ible per-p<br>es listed.<br>eriod tha<br>ices in th | brogram basis,<br>t were not<br>te form of a<br>BLOCK 2 |  | RATE |  |
| Other Than<br>Secondary<br>Transmissions: | amount of the charge and the un<br>enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection<br>Installation: Residential  | hit in which it is<br>rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>ption and inclu<br>BLOO<br>RATE<br>7.40-19.99            | the cab<br>stem fu<br>ge was<br>de the f<br>CK 1<br>CATEC<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Pa<br>• Fir   | y billed. If any<br>ole system for e<br>urnished or offe<br>made or estab<br>rate for each.<br>GORY OF SEF<br>ation: Non-re<br>otel, hotel<br>mmercial<br>y cable<br>y cable-add'l c<br>e protection  | ers. Rat<br>rates are<br>each of the<br>red durin<br>lished. L<br>RVICE<br>sidential | e information sho<br>charged on a va<br>ne applicable ser<br>ng the accounting<br>ist these other s<br>RATE                   | oulo<br>aria<br>rvica<br>g p<br>erv | ible per-p<br>es listed.<br>eriod tha<br>ices in th | brogram basis,<br>t were not<br>te form of a<br>BLOCK 2 |  | RATE |  |
| Other Than<br>Secondary<br>Transmissions: | amount of the charge and the un<br>enter only the letters "PP" in the<br>Block 1: Give the standard ra<br>Block 2: List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection   | hit in which it is<br>rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>ption and inclu<br>BLOO<br>RATE                          | the cab<br>stem fu<br>ge was<br>de the r<br>CK 1<br>CATEC<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Pa<br>• Fin<br>• Bu                                   | y billed. If any<br>ole system for e<br>urnished or offe<br>made or estab<br>rate for each.<br>GORY OF SEF<br>ation: Non-re<br>otel, hotel<br>mmercial<br>y cable<br>y cable-add'l c  | ers. Rat<br>rates are<br>each of the<br>red durin<br>lished. L<br>RVICE<br>sidential | e information sho<br>charged on a va<br>ne applicable ser<br>ng the accounting<br>ist these other s<br>RATE                   | oulo<br>aria<br>rvica<br>g p<br>erv | ible per-p<br>es listed.<br>eriod tha<br>ices in th | brogram basis,<br>t were not<br>te form of a<br>BLOCK 2 |  | RATE |  |
| Other Than<br>Secondary<br>ransmissions:  | amount of the charge and the un<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard ra<br><b>Block 2</b> : List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set                                     | hit in which it is<br>rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>ption and inclu<br>BLO0<br>RATE<br>7.40-19.99<br>0-49.95 | the cab<br>stem fu<br>ge was<br>de the i<br>CK 1<br>CATEC<br>Install<br>• Mc<br>• Co<br>• Pa<br>• Pa<br>• Fir<br>• Bu<br>Other                          | y billed. If any<br>ole system for e<br>urnished or offe<br>made or estab<br>rate for each.<br>GORY OF SEF<br>ation: Non-re<br>otel, hotel<br>mmercial<br>y cable<br>y cable<br>y cable-add'l c<br>e protection<br>rglar protection             | ers. Rat<br>rates are<br>each of the<br>red durin<br>lished. L<br>RVICE<br>sidential | e information sho<br>charged on a va<br>ne applicable ser<br>ng the accounting<br>ist these other s<br>RATE                   | oulo<br>aria<br>rvica<br>g p<br>erv | ible per-p<br>es listed.<br>eriod tha<br>ices in th | brogram basis,<br>t were not<br>te form of a<br>BLOCK 2 |  | RATE |  |
| Other Than<br>Secondary<br>Transmissions: | amount of the charge and the un<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard ra<br><b>Block 2</b> : List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)                            | hit in which it is<br>rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>ption and inclu<br>BLO0<br>RATE<br>7.40-19.99<br>0-49.95 | the cab<br>stem fu<br>ge was<br>de the fu<br>CK 1<br>CATEO<br>Install<br>• Mo<br>• Co<br>• Pa<br>• Fin<br>• Bu<br>• Bu<br>• Cther<br>• Re               | y billed. If any<br>ole system for e<br>urnished or offe<br>made or estab<br>rate for each.<br>GORY OF SEF<br>ation: Non-re<br>otel, hotel<br>mmercial<br>y cable<br>y cable-add'l c<br>e protection<br>rglar protection<br>services:           | ers. Rat<br>rates are<br>each of the<br>red durin<br>lished. L<br>RVICE<br>sidential | e information sho<br>e charged on a va<br>ne applicable ser<br>ng the accountin<br>ist these other s<br>RATE<br>\$0 - \$99.95 | oulo<br>aria<br>rvica<br>g p<br>erv | ible per-p<br>es listed.<br>eriod tha<br>ices in th | brogram basis,<br>t were not<br>te form of a<br>BLOCK 2 |  | RATE |  |
| Other Than<br>Secondary<br>ransmissions:  | amount of the charge and the un<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard ra<br><b>Block 2</b> : List any services tha<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate) | hit in which it is<br>rate column.<br>te charged by<br>t your cable sy<br>separate charg<br>ption and inclu<br>BLO0<br>RATE<br>7.40-19.99<br>0-49.95 | the cab<br>stem ft<br>ge was<br>de the f<br>CK 1<br>CATE(<br>Install<br>• Mc<br>• Co<br>• Pa<br>• Pa<br>• Fin<br>• Bu<br>Other<br>• Re<br>• Dis<br>• Ou | y billed. If any<br>le system for e<br>urnished or offe<br>made or estab<br>rate for each.<br>GORY OF SEF<br>ation: Non-re<br>otel, hotel<br>mmercial<br>y cable<br>y cable-add'l c<br>e protection<br>rglar protection<br>services:<br>connect | ers. Rat<br>rates are<br>each of the<br>red durin<br>lished. L<br>RVICE<br>sidential | e information sho<br>e charged on a va<br>ne applicable ser<br>ng the accountin<br>ist these other s<br>RATE<br>\$0 - \$99.95 | oulo<br>aria<br>rvica<br>g p<br>erv | ible per-p<br>es listed.<br>eriod tha<br>ices in th | brogram basis,<br>t were not<br>te form of a<br>BLOCK 2 |  | RATE |  |

| ILLUME INTIVIE OF UN   | VNER OF CABLE SY   | STEM.  |  |                                       | SYSTEM ID#   |   |
|--|--|--|--|---------------------------------------|--|---|
| TDS Broadba  |  |  |  |                                       | 7636   | Name  |
| PRIMARY TRANSMIT   | ,  |  |  |                                       |  |   |
|  |  |  | ation (including t   | ranslator stations                    | and low power television stations)   | _   |
| carried by your cable  | e system during th   | ne accounting  | period, except (   | (1) stations carried                  | only on a part-time basis under  | G   |
|  |  |  |  |                                       | in network programs [sections  | Data  |
| 76.59(d)(2) and (4),<br>substitute program b   |  |  |  | i(e)(∠) and (4))]; ai                 | nd (2) certain stations carried on a   | Primary<br>Transmitters   |
| Substitute Basis   | Stations: With r   | espect to any  | distant stations   | carried by your ca                    | able system on a substitute program  | Television  |
| asis under specifc I   |  |  |  | - Crassial Chatama                    |  |   |
| station was carrie   |  |  | It in space I (the   | e Special Statemer                    | nt and Program Log)—if the   |   |
|  |  |  |  |                                       | te basis and also on some other  |   |
| in the paper SA3   |  | erning substit   | ute basis station  | is, see page (v) of                   | the general instructions located   |   |
|  |  | sign. Do not r   | eport origination  | program services                      | such as HBO, ESPN, etc. Identify   |   |
|  |  |  |  |                                       | on. For example, report multi-   |   |
| VETA-simulcast).   | A-2 . Simulcasts   | streams must   | be reported in c   | olumni i (list each                   | stream separately; for example   |   |
| Column 2: Give   |  |  |  |                                       | on for broadcasting over-the-air in  |   |
| ts community of lice<br>on which your cable  |  |  | innel 4 in Washi   | ington, D.C. This n                   | nay be different from the channel  |   |
|  |  |  | ation is a netwo   | rk station, an inder                  | pendent station, or a noncommercial  |   |
|  |  |  |  |                                       | ist), "I" (for independent), "I-M  |   |
| for independent mu<br>For the meaning of t   | <i>/·</i>  |  | <i>,</i> .   | ``                                    | nmercial educational multicast).<br>e paper SA3 form   |   |
|  |  |  |  |                                       | s". If not, enter "No". For an ex  |   |
| Dianation of local ser   |  |  |  |                                       |  |   |
|  |  |  |  |                                       | tating the basis on which your<br>ering "LAC" if your cable system   |   |
| carried the distant st   | ation on a part-tin  | ne basis beca  | use of lack of a   | ctivated channel ca                   | apacity.   |   |
|  |  |  |  |                                       | payment because it is the subject<br>tem or an association representing  |   |
| 0  |  |  |  | ,                                     | tem or an association representing<br>y transmitter, enter the designa-  |   |
| ion "E" (exempt). Fo   | r simulcasts, also   | enter "E". If y  | ou carried the o   | channel on any oth                    | ner basis, enter "O." For a further  |   |
|  |  |  |  |                                       | I in the paper SA3 form.<br>to which the station is licensed by thε  |   |
|  |  |  |  |                                       | which the station is identifed   |   |
| lote: If you are utiliz  |  |  |  |                                       |  |   |
|  |  | CHANN  | EL LINE-UP   | Hobbs, NM                             |  | 1   |
| 1. CALL  | 2. B'CAST  | 3. TYPE  | 4. DISTANT?  | 5. BASIS OF                           | 6. LOCATION OF STATION   | 1   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL   | 3. TYPE<br>OF  | 4. DISTANT?<br>(Yes or No)                                     | 5. BASIS OF<br>CARRIAGE               | 0. LOCATION OF STATION   |   |
|  | NUMBER   | STATION  | (  | (If Distant)                          |  |   |
| KOAT   | 7.1  | N  | No   | , , , , , , , , , , , , , , , , , , , | Albuquerque, NM  | ]   |
| COAT-DT2   | 7.2  | N-M  | No   | -                                     | · · · · · · · · · · · · · · · · · · ·  |   |
|  |  |  |  |                                       | Albuquerque NM   | <u> </u>  |
|  |  |  |  |                                       | Albuquerque, NM<br>Albuquerque, NM   |   |
|  | 7.3  | N-M  | No   | -                                     | Albuquerque, NM  | additional informa  |
| KBIM   | 7.3<br>10.1  | N-M<br>N   | No<br>No   |                                       | Albuquerque, NM<br>Roswell, NM   | additional informa  |
| KBIM   | 7.3  | N-M  | No   |                                       | Albuquerque, NM  | additional informa  |
| (BIM<br>(BIM-DT2   | 7.3<br>10.1  | N-M<br>N   | No<br>No   |                                       | Albuquerque, NM<br>Roswell, NM   | additional informa  |
| (BIM<br>(BIM-DT2<br>(OBR   | 7.3<br>10.1<br>10.2  | N-M<br>N<br>N-M  | No<br>No<br>No   |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM  | additional informa  |
| (BIM<br>(BIM-DT2<br>(OBR<br>(OBR-DT2   | 7.3<br>10.1<br>10.2<br>4.1   | N-M<br>N<br>N-M<br>N   | No<br>No<br>No   |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM  | additional informa  |
| (BIM-DT2<br>(OBR<br>(OBR-DT2<br>(OBR-DT2<br>(LUZ   | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1  | N-M<br>N-M<br>N-M<br>I   | No<br>No<br>No<br>No<br>No                                     |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM   | additional informa  |
| KBIM<br>KBIM-DT2<br>KOBR<br>KOBR-DT2<br>KLUZ<br>KUPT   | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1  | N-M<br>N-M<br>N-M<br>I<br>I  | No<br>No<br>No<br>No<br>No<br>No                               |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM  | additional informa  |
| (BIM<br>(BIM-DT2<br>(OBR<br>(OBR-DT2<br>(OBR-DT2<br>(UDT<br>(UPT-DT2   | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2  | N-M<br>N-M<br>N-M<br>I   | No<br>No<br>No<br>No<br>No<br>No                               |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM  | additional informa  |
| KBIM<br>KBIM-DT2<br>KOBR<br>KOBR-DT2<br>KLUZ<br>KUPT<br>KUPT-DT2<br>KTEL   | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1  | N-M<br>N-M<br>N-M<br>I<br>I  | No<br>No<br>No<br>No<br>No<br>No<br>No                         |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM   | additional informa  |
| (BIM<br>(BIM-DT2<br>(OBR<br>(OBR-DT2<br>(OBR-DT2<br>(UDT<br>(UPT<br>(UPT-DT2<br>(TEL   | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2  | N-M<br>N-M<br>N-M<br>I<br>I  | No<br>No<br>No<br>No<br>No<br>No                               |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM  | additional informa  |
| KBIM<br>(KBIM-DT2<br>(KOBR-DT2<br>(KOBR-DT2<br>(KUZ<br>(KUPT<br>(KUPT-DT2<br>(KTEL<br>(KTN)  | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1  | N-M<br>N-M<br>N-M<br>I<br>I  | No<br>No<br>No<br>No<br>No<br>No<br>No                         |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM   | additional informa  |
| KBIM<br>KBIM-DT2<br>KOBR<br>KOBR-DT2<br>KUUZ<br>KUPT<br>KUPT-DT2<br>KUPT-DT2<br>KTEL<br>KRTN<br>KASA   | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3                                | N-M<br>N-M<br>N-M<br>I<br>I<br>I-M<br>I<br>I   | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No                   |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM  | additional informa  |
| KBIM<br>KBIM-DT2<br>KOBR-DT2<br>KOBR-DT2<br>KUUZ<br>KUPT-DT2<br>KUPT-DT2<br>KTEL<br>KRTN<br>KASA<br>KA2FX-D  | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3<br>2.1<br>42.1                 | N-M<br>N-M<br>N-M<br>I<br>I<br>I<br>I-M<br>I<br>I<br>I<br>I<br>I   | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No       |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM<br>Santa Fe, NM<br>Hobbs, NM                                   | additional informa  |
| KBIM           KBIM-DT2           KOBR           KOBR-DT2           KUDZ           KUPT           KUPT-DT2           KTEL           KRTN           K42FX-D           KRPV-DT     | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3<br>2.1<br>42.1<br>27.1         | N-M<br>N<br>N-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No       |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM<br>Santa Fe, NM<br>Hobbs, NM<br>Roswell, NM                    | additional informa  |
| KBIM           KBIM-DT2           KOBR-DT2           KOBR-DT2           KUDZ           KUPT           KUPT-DT2           KTEL           KRTN           K42FX-D           KRPV-DT | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3<br>2.1<br>42.1<br>27.1<br>11.1 | N-M<br>N<br>N-M<br>I<br>I<br>I<br>I-M<br>I<br>I<br>I<br>I<br>I   | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM<br>Santa Fe, NM<br>Hobbs, NM<br>Roswell, NM<br>Albuquerque, NM | additional informa  |
| KBIM           KBIM-DT2           KOBR-DT2           KOBR-DT2           KUUZ           KUPT           KUPT-DT2           KTEL           KRTN           K42FX-D           KRPV-DT | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3<br>2.1<br>42.1<br>27.1         | N-M<br>N<br>N-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No       |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM<br>Santa Fe, NM<br>Hobbs, NM<br>Roswell, NM                    | additional informa  |
| KBIM           KBIM-DT2           KOBR-DT2           KOBR-DT2           KUUZ           KUPT           KUPT-DT2           KTEL           KRTN           K42FX-D           KRPV-DT | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3<br>2.1<br>42.1<br>27.1<br>11.1 | N-M<br>N<br>N-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM<br>Santa Fe, NM<br>Hobbs, NM<br>Roswell, NM<br>Albuquerque, NM | additional informa  |
| KBIM           KBIM-DT2           KOBR-DT2           KOBR-DT2           KUUZ           KUPT           KUPT-DT2           KTEL           KRTN           K42FX-D           KRPV-DT | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3<br>2.1<br>42.1<br>27.1<br>11.1 | N-M<br>N<br>N-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM<br>Santa Fe, NM<br>Hobbs, NM<br>Roswell, NM<br>Albuquerque, NM | additional informa  |
| KBIM           KBIM-DT2           KOBR-DT2           KOBR-DT2           KUDZ           KUPT           KUPT-DT2           KTEL           KRTN           K42FX-D           KRPV-DT | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3<br>2.1<br>42.1<br>27.1<br>11.1 | N-M<br>N<br>N-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM<br>Santa Fe, NM<br>Hobbs, NM<br>Roswell, NM<br>Albuquerque, NM | additional informa  |
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| KBIM           KBIM-DT2           KOBR-DT2           KOBR-DT2           KUUZ           KUPT           KUPT-DT2           KTEL           KRTN           K42FX-D           KRPV-DT | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3<br>2.1<br>42.1<br>27.1<br>11.1 | N-M<br>N<br>N-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM<br>Santa Fe, NM<br>Hobbs, NM<br>Roswell, NM<br>Albuquerque, NM | additional informa  |
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| KBIM           KBIM-DT2           KOBR-DT2           KOBR-DT2           KUDZ           KUPT           KUPT-DT2           KTEL           KRTN           K42FX-D           KRPV-DT | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3<br>2.1<br>42.1<br>27.1<br>11.1 | N-M<br>N<br>N-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM<br>Santa Fe, NM<br>Hobbs, NM<br>Roswell, NM<br>Albuquerque, NM | additional informa  |
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| KBIM           KBIM-DT2           KOBR-DT2           KOBR-DT2           KUDZ           KUPT           KUPT-DT2           KTEL           KRTN           K42FX-D           KRPV-DT | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3<br>2.1<br>42.1<br>27.1<br>11.1 | N-M<br>N<br>N-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM<br>Santa Fe, NM<br>Hobbs, NM<br>Roswell, NM<br>Albuquerque, NM | additional informa  |
| KBIM<br>KBIM-DT2<br>KOBR-DT2<br>KOBR-DT2<br>KUDZ<br>KUPT<br>KUPT-DT2<br>KTEL<br>KRTN<br>KASA<br>K42FX-D<br>KRPV-DT<br>KCHF   | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3<br>2.1<br>42.1<br>27.1<br>11.1 | N-M<br>N<br>N-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM<br>Santa Fe, NM<br>Hobbs, NM<br>Roswell, NM<br>Albuquerque, NM | additional informat   |
| KBIM<br>KBIM-DT2<br>KOBR-DT2<br>KOBR-DT2<br>KUDZ<br>KUPT<br>KUPT-DT2<br>KTEL<br>KRTN<br>KASA<br>K42FX-D<br>KRPV-DT<br>KCHF   | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3<br>2.1<br>42.1<br>27.1<br>11.1 | N-M<br>N<br>N-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM<br>Santa Fe, NM<br>Hobbs, NM<br>Roswell, NM<br>Albuquerque, NM | See instructions foi<br>additional informat<br>on alphabetization |
| KBIM           KBIM-DT2           KOBR-DT2           KOBR-DT2           KUDZ           KUPT           KUPT-DT2           KTEL           KRTN           K42FX-D           KRPV-DT | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3<br>2.1<br>42.1<br>27.1<br>11.1 | N-M<br>N<br>N-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM<br>Santa Fe, NM<br>Hobbs, NM<br>Roswell, NM<br>Albuquerque, NM | additional informat   |
| KBIM           KBIM-DT2           KOBR-DT2           KOBR-DT2           KUDZ           KUPT           KUPT-DT2           KTEL           KRTN           K42FX-D           KRPV-DT | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3<br>2.1<br>42.1<br>27.1<br>11.1 | N-M<br>N<br>N-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM<br>Santa Fe, NM<br>Hobbs, NM<br>Roswell, NM<br>Albuquerque, NM | additional informat   |
| KOAT-DT3<br>KBIM<br>KBIM-DT2<br>KOBR<br>KOBR-DT2<br>KLUZ<br>KUPT<br>KUPT-DT2<br>KTEL<br>KRTN<br>KASA<br>K42FX-D<br>KRPV-DT<br>KCHF<br>K19KT                                      | 7.3<br>10.1<br>10.2<br>4.1<br>4.2<br>14.1<br>29.1<br>29.2<br>15.1<br>29.3<br>2.1<br>42.1<br>27.1<br>11.1 | N-M<br>N<br>N-M<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No |                                       | Albuquerque, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Roswell, NM<br>Albuquerque, NM<br>Hobbs, NM<br>Hobbs, NM<br>Albuquerque, NM<br>Santa Fe, NM<br>Hobbs, NM<br>Roswell, NM<br>Albuquerque, NM | additional informa  |

| EODM | CASE | DACE |  |
|------|------|------|--|

| FORM SA3E. PAGE 3.   |  |  |   |  |  | G PERIOD: 2019/0                            |
|--|--|--|---|--|--|---|
| LEGAL NAME OF OWN  | ER OF CABLE SY   | STEM:  |   |  | SYSTEM ID#   | Name  |
| TDS Broadban   | d Service, L   | LC   |   |  | 7636   | Name  |
| PRIMARY TRANSMITTE   | ERS: TELEVISIO   | N  |   |  |  |   |
| carried by your cable s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program bas<br><b>Substitute Basis S</b>   | system during t<br>ions in effect of<br>5.61(e)(2) and (<br>sis, as explaine<br>Stations: With   | he accounting<br>n June 24, 19<br>(4), or 76.63 (<br>ad in the next<br>respect to an   | g period, except<br>981, permitting th<br>referring to 76.6<br>paragraph.<br>y distant station  | (1) stations carrie<br>ne carriage of cert<br>i1(e)(2) and (4))];  | s and low power television stations)<br>d only on a part-time basis under<br>ain network programs [sections<br>and (2) certain stations carried on a<br>cable system on a substitute program | G<br>Primary<br>Transmitters:<br>Television |
| <ul> <li>basis under specifc FC</li> <li>Do not list the station</li> </ul>  |  |  |   | ne Special Statem  | ent and Program Log)—if thε  |   |
| station was carried  | only on a subs   | titute basis.  |   |  |  |   |
|  | formation cond   |  |   |  | tute basis and also on some other<br>of the general instructions located   |   |
| each multicast stream  | associated wit   | h a station ac   | cording to its ov   | er-the-air designa   | es such as HBO, ESPN, etc. Identify<br>ttion. For example, report multi-<br>h stream separately; for example   |   |
|  |  |  | -   |  | tion for broadcasting over-the-air in<br>may be different from the channe  |   |
| educational station, by<br>(for independent multid<br>For the meaning of the<br><b>Column 4:</b> If the st<br>planation of local servi<br><b>Column 5:</b> If you h<br>cable system carried th | e in each case of<br>e entering the le<br>cast), "E" (for n<br>ese terms, see<br>ation is outside<br>ice area, see p<br>ave entered "Y<br>he distant statio<br>ion on a part-tii | whether the s<br>atter "N" (for n<br>oncommercia<br>page (v) of th<br>a the local ser<br>age (v) of the<br>ces" in column<br>on during the<br>me basis bec | network), "N-M" (<br>al educational), c<br>le general instru-<br>vice area, (i.e. "<br>general instruct<br>of 4, you must co<br>accounting perio<br>ause of lack of a | for network multic<br>or "E-M" (for nonce<br>ctions located in t<br>distant"), enter "Y<br>cions located in the<br>mplete column 5,<br>od. Indicate by en<br>activated channel | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which youı<br>tering "LAC" if your cable system   |   |
| of a written agreement   | t entered into o   | n or before Ju   | une 30, 2009, be  | etween a cable sy  | stem or an association representing  |   |
| tion "E" (exempt). For   | simulcasts, als  | o enter "E". If  | you carried the   | channel on any o   | ry transmitter, enter the designa-<br>ther basis, enter "O." For a further   |   |
|  |  |  |   |  | ed in the paper SA3 form.<br>y to which the station is licensed by the   |   |
| FCC. For Mexican or (  | Canadian static  | ons, if any, giv   | ve the name of th   | he community with  | h which the station is identifed   |   |
| Note: If you are utilizir  | ng multiple cha  | nnel line-ups,   | use a separate  | space G for each   | channel line-up.   |   |
|  | 1  | CHANN  | IEL LINE-UP   | Eunice, NM   |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |   |
| KMID   | 2.1  | N  | No  | (II Distant)   | Midland, TX  |   |
| KOSA   | 7.1  | N  | No  |  | Odessa, TX   |   |
| KOSA-DT2   | 7.2  | N-M  | No  |  | Odessa, TX   |   |
| KOSA-DT3   | 7.3  | N-M  | No  |  | Odessa, TX   |   |
| KPEJ   | 24.1   | N  | No  |  | Odessa, TX   |   |
| KPEJ-DT2   | 24.2   | N-M  | No  |  | Odessa, TX   |   |
| KWES   | 9.1  | N  | No  |  | Odessa, TX   |   |
| KWES-DT2   | 9.2  | N-M  | No  |  | Odessa, TX   |   |
| KOBR   | 4.1  | N  | No  |  | Roswell, NM  |   |
| КИРВ   | 18.1   | I  | No  |  | Midland, TX  |   |
| KUPB-DT2   | 18.2   | I-M  | No  |  | Midland, TX  |   |
| K42FX-D  | 42.1   | E  | No  |  | Hobbs, NM  |   |
| KRPV-DT  | 27.1   | I  | Yes   | 0  | Roswell, NM  |   |
| KCHF   | 11.1   | I  | Yes   | 0  | Albuquerque, NM  |   |
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| Name                                   | LEGAL NAME OF  |  |  |   |   |  |   | SYSTEM ID#<br>7636   |
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| H<br>Primary<br>Transmitters:<br>Radio | all-band basis of<br>Special Instru-<br>receivable if (1)<br>on the basis of<br>For detailed inf<br>located in the p<br>Column 1: lo<br>Column 2: S<br>Column 3: li<br>signal, indicate<br>Column 4: C | t every radio s<br>whose signals<br>ctions Conce<br>) it is carried b<br>monitoring, to<br>ormation about<br>paper SA3 forr<br>dentify the cal<br>State whether<br>f the radio star<br>this by placin<br>Sive the statio | station c<br>were "g<br>rning A<br>y the syster<br>be rece<br>ut the the<br>n.<br>I sign of<br>the statistion's sig<br>g a chec<br>n's locat | arried on a separate and disc<br>enerally receivable" by your c<br>II-Band FM Carriage: Under<br>stem whenever it is received a<br>ived at the headend, with the<br>copyright Office regulations<br>each station carried.<br>on is AM or FM.<br>inal was electronically process<br>k mark in the "S/D" column.<br>ion (the community to which the<br>the community with which the | able system duri<br>Copyright Office<br>at the system's h<br>system's FM an<br>on this point, se<br>sed by the cable<br>he station is licer | ng the accou<br>regulations, a<br>eadend, and<br>tenna, during<br>e page (vi) of<br>system as a<br>nsed by the F | nting per<br>an FM si<br>(2) it car<br>certain<br>the gen<br>separate | riod.<br>gnal is generally<br>n be expected,<br>stated intervals.<br>eral instructions |
|  | CALL SIGN  | AM or FM   | S/D  | LOCATION OF STATION   | CALL SIGN   | AM or FM   | S/D   | LOCATION OF STATION  |
|  | KIXN   | FM   | х  |   |   |  |   |  |
|  |  |  | ^  | Hobbs, NM   |   |  |   |  |
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| ACCOUNTING PERIOD: | 2019/02 |
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| FORM SA3E. PAGE 5.  |  |   |   |                     |                               |               | ACCOUNTING I      | PERIOD: 2019/0               |
|---|--|---|---|---------------------|-------------------------------|---------------|-------------------|------------------------------|
| LEGAL NAME OF OWNER OF TDS Broadband Servi  |  | EM:   |   |                     |                               | S             | YSTEM ID#<br>7636 | Name                         |
| SUBSTITUTE CARRIAG<br>In General: In space I, iden                                    | tify every no                                | nnetwork televi                                       | sion program broadcast by   | a distant statio    |                               |               |                   | I                            |
| substitute basis during the a<br>explanation of the programn<br>form.                 |  |   |   |                     |                               |               |                   | Substitute                   |
| 1. SPECIAL STATEMEN   |  | NING SUBST  | TITUTE CARRIAGE   |                     |                               |               |                   | Carriage:<br>Special         |
| • During the accounting pe<br>broadcast by a distant sta                              | tion?  | -   | -   | -                   |                               | Yes           | XNo               | Statement and<br>Program Log |
| Note: If your answer is "No<br>log in block 2.<br>2. LOG OF SUBSTITUT                 |  |   | ge blank. If your answer is   | "Yes," you m        | nust complete                 | the progra    | m                 |                              |
| In General: List each subs  |  |   | ate line. Use abbreviations   | wherever po         | ssible, if their              | meaning is    | 5                 |                              |
| period, was broadcast by a under certain FCC rules, re                                | of every no<br>distant stat<br>gulations, c  | nnetwork telev<br>ion and that yo<br>or authorization | vision program (substitute  <br>pur cable system substitute<br>ns. See page (vi) of the get | ed for the pro      | gramming of<br>ons located in | another stand |                   |                              |
| Column 3: Give the call   | Lucy" or "NE<br>m was broad<br>sign of the s | BA Basketball:<br>dcast live, ente<br>station broadca | 76ers vs. Bulls."<br>er "Yes." Otherwise enter "l<br>asting the substitute progra           | No."<br>am.         |                               |               |                   |                              |
| the case of Mexican or Car  | nadian statio                                | ons, if any, the                                      | he community to which the<br>community with which the<br>stem carried the substitute        | station is ide      | entified).                    |               | nth               |                              |
| first. Example: for May 7 gi<br>Column 6: State the tim                               | ve "5/7."<br>es when the                     | e substitute pro                                      | ogram was carried by your   | cable system        | n. List the time              | es accurate   |                   |                              |
| to the nearest five minutes<br>stated as "6:00–6:30 p.m."<br>Column 7: Enter the lett |  |   | ied by a system from 6:01<br>n was substituted for progra                                   |                     |                               |               | d                 |                              |
| to delete under FCC rules<br>gram was substituted for p<br>effect on October 19, 1976 | and regulati<br>rogramming                   | ons in effect du                                      | uring the accounting period   | d; enter the le     | etter "P" if the              | listed pro    |                   |                              |
| s   | UBSTITUT                                     | E PROGRAM   | 1   |                     | EN SUBSTIT<br>IAGE OCCU       |               | 7. REASON<br>FOR  |                              |
| 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No                        | 3. STATION'S<br>CALL SIGN                             | 4. STATION'S LOCATION   | 5. MONTH<br>AND DAY | 6. TIN<br>FROM —              |               | DELETION          |                              |
| N/A   |  |   |   |                     | _                             |               |                   |                              |
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| Name                              | LEGAL NAME OF  |  |   |  |   |  |  |  | SY       | STEM ID#<br>7636 |
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|                                   |  |  | , 220   |  |   |  |  |  |          |                  |
| J<br>Part-Time<br>Carriage<br>Log | time carriage du<br>hours your syst<br>Column 1 (C<br>column 5 of spa<br>Column 2 (D<br>curred during th<br>• Give the mont<br>"4/10."<br>• State the start<br>television statio<br>"app." Example | is space ties in v<br>ue to lack of act<br>em carried that<br><b>:all sign):</b> Give<br>ace G.<br><b>:ates and hour</b><br>he accounting pr<br>h and day wher<br>ing and ending<br>n's broadcast d.<br>: "12:30 a.m 3 | n the carriage occurre<br>times of carriage to t<br>ay, you may give an | city, you are red<br>nore space, ple<br>distant station<br>ach station, list<br>ad. Use numera<br>he nearest qua<br>approximate en | quire<br>ease<br>who<br>the<br>als, v<br>als, v | ed to complete th<br>attach additiona<br>ose basis of carr<br>dates and hours<br>with the month fi<br>hour. In any cas<br>g hour, followed | iis log giving the<br>al pages.<br>iage you identifi<br>s when part-time<br>rst. Example: fo<br>e where carriag<br>by the abbrevia | e total dates and<br>ied by "LAC" in<br>e carriage oc-<br>ir April 10 give<br>ge ran to the end<br>ition | of the   |                  |
|                                   |  |  | DATES   | AND HOURS (  | DF F  | ART-TIME CAR   | RIAGE  |  |          |                  |
|                                   | CALL SIGN  | WHEN   | I CARRIAGE OCCUI  | RRED   |   | CALL SIGN  | WHEN   | I CARRIAGE OC  | CUR      | RED              |
|                                   | CALL SIGN  | DATE   | HOUR<br>FROM  | s<br>то  |   | CALL SIGN  | DATE   | HC<br>FROM   | DURS     | то               |
|                                   | N/A  | DATE   | _   | 10   |   |  | DATE   |  | _        | 10               |
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|  | AL NAME OF OWNER OF CABLE SYSTEM:<br>S Broadband Service, LLC  | SYSTEM ID#<br>7636                                  | Name  |
|--|--|---|---|
| Inst<br>all a<br>(as   | <b>DSS RECEIPTS</b><br><b>ructions</b> : The figure you give in this space determines the form you fle and the amount y<br>mounts (gross receipts) paid to your cable system by subscribers for the system's secon<br>dentified in space E) during the accounting period. For a further explanation of how to con<br>e (vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s)   | dary transmission service<br>mpute this amount, see | K<br>Gross Receipts                                   |
| IMP  | during the accounting period.<br>ORTANT: You must complete a statement in space P concerning gross receipts.   | \$ 1,223,601.11<br>(Amount of gross receipts)       |   |
| <ul> <li>Instru</li> <li>Con</li> <li>Con</li> <li>If yo<br/>fee</li> <li>If yo<br/>according</li> </ul> | <b>RIGHT ROYALTY FEE</b><br><b>ctions</b> : Use the blocks in this space L to determine the royalty fee you owe:<br>nplete block 1, showing your minimum fee.<br>nplete block 2, showing whether your system carried any distant television stations.<br>ur system did not carry any distant television stations, leave block 3 blank. Enter the amo<br>from block 1 on line 1 of block 4, and calculate the total royalty fee.<br>ur system did carry any distant television stations, you must complete the applicable part<br>ompanying this form and attach the schedule to your statement of account. | ts of the DSE Schedule                              | L<br>Copyright<br>Royalty Fee                         |
| bloc   | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.   |   |   |
| 3 be   |  |   |   |
|  | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul<br>block 4 below.   | a be entered on line                                |   |
| Block<br>1   | <b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  | is 1.064 percent of the                             |   |
|  | Line 1. Enter the amount of gross receipts from space K<br>Line 2. Multiply the amount in line 1 by 0.01064<br>Enter the result here.  | \$ 1,223,601.11                                     |   |
|  | This is your minimum fee.  | \$ 13,019.12  |   |
| Block<br>2   | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the i space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in columr "Yes" in this block.         • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule.   | n 4, you must check<br>d?                           |   |
| Block<br>3   | Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero  | \$ 1,268.98   |   |
| 5  | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero   | 0.00  |   |
|  | Line 3. Add lines 1 and 2 and enter here   | \$ 1,268.98   |   |
| Block<br>4   | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee<br>from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3,<br>whichever is larger  | \$ 13,019.12  | Cable systems   |
|  | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7<br>(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter<br>zero.   | 0.00  | submitting<br>additional<br>deposits under            |
|  | Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9<br>(Interest Worksheet)   | 0.00  | Section 111(d)(7)<br>should contact                   |
|  | Line 4. FILING FEE   | \$ 725.00   | the Licensing<br>additional fees.<br>Division for the |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.<br>Add Lines 1, 2 and 3 of block 4 and enter total here   | \$ 13,744.12  | appropriate<br>form for<br>submitting the             |
|  | EFT Trace # or TRANSACTION ID #  |   | additional fees.                                      |
|  | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta   |   |   |

FORM SA3E. PAGE 7.

| ACCOUNTING PERIO  |   | FORM SA3E. PAGE 8  |
|---|---|--|
| Name  | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>TDS Broadband Service, LLC  | SYSTEM ID#<br>7636   |
|   |   |  |
| M   | CHANNELS<br>Instructions: You must give (1) the number of channels on which the cable system carried television broadca<br>to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  | st stations  |
| Channels  | 1. Enter the total number of channels on which the cable system carried television broadcast stations   | 29   |
|   | 2. Enter the total number of activated channels<br>on which the cable system carried television broadcast stations<br>and nonbroadcast services   | 309  |
| N   | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)   |  |
| Individual to<br>Be Contacted<br>for Further<br>Information         |   | ne <b>(608) 664-4721</b>   |
|   | Address 525 Junction Rd<br>(Number, street, rural route, apartment, or suite number)  |  |
|   | Madison, WI 53717<br>(City, town, state, zip)   |  |
|   | Email finance@tdstelecom.com Fax (optional)   |  |
| 0   | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office re   | gulations.)  |
| Certifcation  | • 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 identifed in line 1 of space  | e B; or  |
|   | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the call<br>in line 1 of space B and that the owner is not a corporation or partnership; or   | le system as identified  |
|   | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as in line 1 of space B.  | owner of the cable system  |
|   | I have examined the statement of account and hereby declare under penalty of law that all statements of fact conta<br>are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.<br>[18 U.S.C., Section 1001(1986)]  | ned herein   |
|   | X /s/ Sharon V. Tisdale   |  |
|   | Enter an electronic signature on the line above using an "/s/" signature to certify this statement.<br>(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your curs<br>button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus ca   |  |
|   | Typed or printed name: Sharon V. Tisdale  |  |
|   | Title: Assistant Treasurer<br>(Title of official position held in corporation or partnership)   |  |
|   | Date: February 25, 2020   |  |
| form in order to proc<br>numbers. By providi<br>search reports prep | e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying inform<br>ccess your statement of account. PII is any personal information that can be used to identify or trace an individual, such as na<br>ding PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the O<br>pared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account<br>of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of I | ame, address and telephol<br>ffce's public indexes anc<br>t and its placement in t |

| FORM | SA3F | PAGE9. |
|------|------|--------|
|      |      |        |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#                | Name                                      |
|---|---------------------------|---|
| TDS Broadband Service, LLC  | 7636                      | Name                                      |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding th<br>lowing sentence:<br>"In determining the total number of subscribers and the gross amounts paid to the cable system for the b<br>service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclu<br>scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section to | asic<br>ide sub-          | P<br>Special<br>Statement                 |
| For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in paper SA3 form.<br>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmismade by satellite carriers to satellite dish owners?  |                           | Concerning<br>Gross Receipts<br>Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below   |                           |   |
| Name     Mailing Address  |                           |   |
|   |                           |   |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpar<br>For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.  | ayment.                   | Q   |
| Line 1 Enter the amount of late payment or underpayment   |                           | Interest<br>Assessment                    |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   | -<br>days                 |   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.0  | -                         |   |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)  | -                         |   |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.   | t charge)<br>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 Offce,<br>please list below the owner, address, first community served, accounting period, and ID number as given in the<br>filing.   | priginal                  |   |
| Owner<br>Address  |                           |   |
| First community served  |                           |   |
| Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying informat   | ion (PII) requested on th |   |

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 filing, a determination that would be made by a court of law.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

#### FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

#### BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

| • Independent: its type-value is             | 1.00 |
|--|------|
| Network: its type-value is                   | 0.25 |
| Noncommercial educational: its type-value is | 0.25 |

Note that local stations are not counted at all in computing DSEs.

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

# SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

#### TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

#### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

**The Minimum Fee/Base Rate Fee/3.75 Percent Fee**. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.

2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

# COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

#### COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located in a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

# DSE SCHEDULE. PAGE 11.

# COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSE
 1.064% of gross receipts

Each of the second, third, and fourth DSEs0.701% of gross receiptsThe fifth and each additional DSE0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE • If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

 Identify the communities/areas represented by each subscriber group.
 For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows: • When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains

- unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

# EXAMPLE:

# COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

|                         |                                  | Distant Stations Carried  |              | Identification of | of Subscriber                          | Groups          |                             |              |
|-------------------------|----------------------------------|---|--------------|-------------------|--|-----------------|-----------------------------|--------------|
| In most cases           | under current FCC                | STATION   | DSE          | CITY              | OUTSIDE LC                             | •               | GRO                         | SS RECEIPTS  |
|                         | airvale would be within          |   | 1.0          | 0111              | SERVICE AR                             |                 |                             | UBSCRIBERS   |
|                         | e area of both stations          | B (independent)   | 1.0          | Santa Rosa        | Stations A, B                          |                 |                             | \$310,000.00 |
|                         | I of Rapid City and Bo-          | C (part-time)   | 0.083        | Rapid City        | Stations A an                          |                 |                             | 100,000.00   |
|                         | ld be within the local           | D (part-time)   | 0.139        | Bodega Bay        | Stations A an                          |                 |                             | 70,000.00    |
| • •                     | of stations B, D, and E.         | E (network)   | 0.25         | Fairvale          | Stations B, D                          |                 |                             | 120,000.00   |
|                         |                                  | TOTAL DSEs  | 2.472        |                   | ,                                      | SS RECEIPTS     |                             | \$600,000.00 |
| Santa Rosa              | Stations A and C<br>35 mile zone | Minimum Fee Total Gross   |              |                   | \$600,000.00<br>x .01064<br>\$6,384.00 |                 |                             |              |
|                         |                                  | First Subscriber Group  |              | Second Subsc      | riber Group                            |                 | Third Subscriber Group      |              |
|                         |                                  | (Santa Rosa)  |              | (Rapid City and   | Bodega Bay)                            |                 | (Fairvale)                  |              |
|                         | Fairvale                         | Gross receipts  | \$310,000.00 | Gross receipts    |  | \$170,000.00    | Gross receipts              | \$120,000.00 |
| Rapid City              |                                  | DSEs  | 2.472        | DSEs              |  | 1.083           | DSEs                        | 1.389        |
| ,                       |                                  | Base rate fee   | \$6,497.20   | Base rate fee     |  | \$1,907.71      | Base rate fee               | \$1,604.03   |
|                         | Dadaga                           | \$310,000 x .01064 x 1.0 =  | 3,298.40     | \$170,000 x .010  | 64 x 1.0 =                             | 1,808.80        | \$120,000 x .01064 x 1.0 =  | 1,276.80     |
| 4                       | Bodega<br>Bay                    | \$310,000 x .00701 x 1.472 =                                      | 3,198.80     | \$170,000 x .007  | 01 x .083 =                            | 98.91           | \$120,000 x .00701 x .389 = | 327.23       |
|                         |                                  | Base rate fee   | \$6,497.20   | Base rate fee     | -                                      | \$1,907.71      | Base rate fee               | \$1,604.03   |
| Station<br>an<br>35 mil | dE                               | <b>Total Base Rate Fee:</b> \$6,4<br>In this example, the cable s |              |                   |  | 3, line 1 (page | 7)                          |              |

## DSE SCHEDULE. PAGE 11. (CONTINUED)

|                      | LEGAL NAME OF OWNER OF CABLE                         | E SYSTEM:           |                                  |               | S                       | STEM ID# |
|----------------------|--|---------------------|----------------------------------|---------------|-------------------------|----------|
| 1                    | TDS Broadband Service                                | , LLC               |                                  |               |                         | 7636     |
|                      | SUM OF DSEs OF CATEGOR                               | Y "O" STATION       | NS:                              |               |                         |          |
|                      | Add the DSEs of each station                         |                     |                                  |               |                         |          |
|                      | Enter the sum here and in line                       | 1 of part 5 of this | s schedule.                      |               | 2.00                    |          |
| 2                    | Instructions:  |                     | II -:                            | :             |                         |          |
| <b>_</b>             | In the column headed "Call S<br>of space G (page 3). | Sign : list the ca  | Il signs of all distant stations | identilied by |                         |          |
| Computation          | In the column headed "DSE"                           |                     |                                  | as "1.0"; for | each network or noncom- |          |
| of DSEs for          | mercial educational station, giv                     | e the DSE as ".2    |                                  |               |                         |          |
| Category "O"         |  | DOF                 | CATEGORY "O" STATION             |               |                         | DOF      |
| Stations             | CALL SIGN<br>KRPV-DT                                 | DSE<br>1.000        | CALL SIGN                        | DSE           | CALL SIGN               | DSE      |
|                      | KCHF   | 1.000               |                                  |               |                         |          |
|                      | ΝΟΠΓ   | 1.000               |                                  |               |                         |          |
|                      |  |                     |                                  |               |                         |          |
|                      |  |                     |                                  |               |                         |          |
| Add rows as          |  |                     |                                  |               |                         |          |
| necessary.           |  |                     |                                  |               |                         |          |
| Remember to copy     |  |                     |                                  |               |                         |          |
| all formula into new |  |                     |                                  |               |                         |          |
| rows.                |  |                     |                                  |               |                         |          |
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|                      |  |                     |                                  |               |                         |          |
|                      |  |                     |                                  |               |                         |          |
|                      |  |                     |                                  |               |                         |          |

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|  |  |  |  |  |   |  |  |   |  |  | DSE SCHEDU  | ULE. PAGE 12       |
|--|--|--|--|--|---|--|--|---|--|--|---|--------------------|
| Name   | LEGAL NAME OF  |  |  |  |   |  |  |   |  |  | 5   | SYSTEM ID#<br>7636 |
| <b>3</b><br>Computation<br>of DSEs for<br>Stations<br>Carried Part<br>Time Due to<br>Lack of<br>Activated<br>Channel<br>Capacity | Column<br>figure should<br>Column<br>be carried ou<br>Column<br>give the type<br>Column  | ist the call sign<br>2: For each sta<br>correspond w<br>3: For each sta<br>4: Divide the fit<br>at least to th<br>5: For each in-<br>value as ".25.<br>6: Multiply the<br>point. This is | ation, give the<br>rith the inform<br>ation, give the<br>igure in colun<br>e third decim<br>dependent st<br>"<br>figure in colu<br>the station's l           | e number o<br>nation given<br>e total numl<br>nn 2 by the<br>al point. Th<br>ation, give t<br>umn 4 by the<br>DSE. (For r<br>ATEGOR<br>R<br>RS | f hours y<br>n in space<br>ber of ho<br>figure in<br>is is the<br>the "type<br>e figure<br>more infor<br>Y LAC<br>3. NU<br>OF | our cable syste<br>e J. Calculate<br>burs that the st<br>column 3, and<br>"basis of carria<br>-value" as "1.0<br>in column 5, a<br>prmation on roo | em<br>only<br>ation<br>d giv<br>age<br>)." F<br>nd g<br>undi | n 5 of space G<br>carried the stat<br>one DSE for e<br>n broadcast over<br>ve the result in o<br>value" for the s<br>for each networ<br>give the result ir<br>ing, see page (v<br>COMPUTATIO<br>4. BASIS OF<br>CARRIAG<br>VALUE | ion during the ach station.<br>For the air during the air during the air during the air during the technologies of the action.<br>In column 6. I action of the generation of the gen | ring the accor<br>column 4. Thi<br>mercial educ<br>Round to no I<br>meral instruct | inting period.<br>is figure must<br>ational station,<br>ess than the<br>tions in the paper<br>6. DS | SE                 |
|  |  |  | SYSTEM   | ÷  | -   | AIR  | =  |   | x<br>x   |  | =   |                    |
|  |  |  |  | ÷  | •   |  | =  |   | x<br>x   |  | =   |                    |
|  |  |  |  | +<br>+<br>+  | -   |  | =  |   | x<br>x<br>x  |  | =   |                    |
| <b>4</b><br>Computation<br>of DSEs for<br>Substitute-<br>Basis Stations  | Instructions:<br>Column 1: Gir<br>• Was carrie<br>tions in eff<br>• Broadcast<br>space I).<br>Column 2:<br>at your option.<br>Column 3:<br>Column 4: | um here and i<br>we the call sign<br>d by your syst<br>ect on Octobe<br>one or more li<br>For each stat<br>This figure sh<br>Enter the nun<br>Divide the figu                            | n line 2 of par<br>n of each stat<br>em in substitt<br>r 19, 1976 (a:<br>ve, nonnetwor<br>ion give the n<br>nould corresp<br>nber of days i<br>ure in column | ion listed in<br>ution for a p<br>s shown by<br>rk programs<br>number of li<br>pond with th<br>in the calen<br>a 2 by the fig                  | n space I<br>program<br>r the lette<br>during t<br>ve, nonr<br>ne inform<br>dar year<br>gure in c                             | that your syste<br>er "P" in colum<br>hat optional ca<br>etwork progra<br>ation in space<br>: 365, except<br>olumn 3, and                          | .og o<br>em v<br>n 7 o<br>rriag<br>ms o<br>I.<br>n a<br>give | of Substitute Pr<br>was permitted to<br>of space I); and<br>ge (as shown by<br>carried in subst<br>leap year.<br>the result in co   | o delete und<br>the word "Ye<br>itution for pr<br>lumn 4. Rou  | er FCC rules<br>s" in column 2<br>ograms that v<br>ind to no less                  | of<br>were deleted  | rm).               |
|  |  |  | SUE  | STITUTE  | E-BAS   | S STATIO   | NS   | : COMPUTA   | TION OF  | DSEs   |   |                    |
|  | 1. CALL<br>SIGN  | 2. NUMBE<br>OF<br>PROGR  |  | 3. NUME<br>OF DA<br>IN YEA   | YS  | 4. DSE   |  | 1. CALL<br>SIGN   | 2. NUN<br>OF<br>PRC  | IBER<br>OGRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR   | 4. DSE             |
|  |  |  | ÷  |  | =   |  |  |   |  | ÷  |   | =                  |
|  |  |  | ÷  |  | =   |  |  |   |  | ÷  |   | =                  |
|  |  |  | ÷  |  | =   |  |  |   |  | ÷  |   | =                  |
|  |  |  | ÷  |  | =   |  |  |   |  | ÷  |   | =                  |
|  | SUM OF DSE<br>Add the DSEs<br>Enter the s  | of each statio   | n.   |  |   | ,  |  |   |  | 0.00   |   | -                  |
| 5  | TOTAL NUMB<br>number of DSE  |  |  |  | e boxes   | in parts 2, 3, ar  | nd 4   | of this schedule  | and add the  | m to provide t   | he total  |                    |
| Total Number   | 1. Number o  | of DSEs from p   | oart 2 ●   | _  |   |  |  | ì   | •  |  | 2.00  |                    |
| of DSEs  | 2. Number o  | of DSEs from p<br>of DSEs from p   | oart 3 ●   |  |   |  |  | P   | ·  |  | 0.00  |                    |
|  | TOTAL NUMBI  | ER OF DSEs   | _  |  |   |  |  |   |  | <b>&gt;</b>  |   | 2.00               |

|   |  |  |  |   |                    |                                       |  | ACCOUNTING     |   |
|---|--|--|--|---|--------------------|---------------------------------------|--|----------------|---|
|   |  |  |  |   |                    |                                       | S  | YSTEM ID#      | Name  |
| TDS Broadban  | d Service, LLO                                   | 0  |  |   |                    |                                       |  | 7636           | Nume  |
| Instructions: Bloc  | k A must be comp                                 | leted.   |  |   |                    |                                       |  |                |   |
| In block A:<br>• If your answer if "  | 'Yes." leave the re                              | mainder of pa  | rt 6 and part 7  | 7 of the DSE sch  | edule blank and    | l complete part                       | 8. (page 16) of th                         | e              | 6   |
| schedule.   |  | ·  | ·  |   |                    | · · · · · · · · · · · · · · · · · · · |  | -              | •   |
| <ul> <li>If your answer if "</li> </ul>   | ino, complete bio                                |  |  | TELEVISION  | MARKETS            |                                       |  |                | Computation of  |
| s the cable system  | n located wholly ou                              |  |  |   |                    | ction 76.5 of F0                      | CC rules and regul                         | ations in      | 3.75 Fee  |
| effect on June 24,  | 1981?  |  |  |   |                    |                                       | 0  |                |   |
| _   | plete part 8 of the                              |  | O NOT COMP   | PLETE THE REM   | AINDER OF PA       | ART 6 AND 7.                          |  |                |   |
| X No—Comp   | lete blocks B and                                | C below.   |  |   |                    |                                       |  |                |   |
|   |  | BLOC   | K B: CARF  | RIAGE OF PEI  | RMITTED DS         | SEs                                   |  |                |   |
| Column 1:   | List the call signs                              | of distant sta   | tions listed in  | part 2, 3, and 4 c                                      | f this schedule    | that your syste                       | em was permitted t                         | o carry        |   |
| CALL SIGN   |  | e DSE Sched  | ule. (Note: Th   | e letter M below  | •                  | •                                     | d stations, see the<br>stream as set forth |                |   |
| Column 2:   | Enter the appropr                                |  | •  |   |                    |                                       |  |                |   |
| BASIS OF<br>PERMITTED   | (Note the FCC rul<br>A Stations carrie           | •  |  | •   |                    |                                       | ,  | )              |   |
| CARRIAGE  | 76.61(b)(c)]                                     | ·  |  |   | , ()               |                                       | () 0                                       |                |   |
|   | B Specialty static<br>C Noncommerica             |  |  |   |                    | -                                     | .61(e)(1)                                  |                |   |
|   | D Grandfathered<br>instructions for              |  |  | raph regarding su                                       | ibstitution of gra | andfathered sta                       | ations in the                              |                |   |
|   | E Carried pursua                                 |  |  | CC rules (76.7)   |                    |                                       |  |                |   |
|   | *F A station prev                                |  |  |   |                    |                                       | rring to 76.61(e)(5                        | 1              |   |
|   | M Retransmissio                                  |  | •  |   | (3), 70.01(6)(3)   | , 10.00(a) Telei                      |  | 1              |   |
|   |  |  |  |   |                    |                                       |  |                |   |
| Column 3:   | List the DSE for e                               | each distant s   | tation listed in   |   |                    |                                       |  |                |   |
|   | this schedule to d                               |  | tified by the le   |   |                    |                                       | orksheet on page 1                         | 4 of           |   |
| 1. CALL   | this schedule to d                               |  | tified by the le<br>DSE.)<br>1. CALL   | 2. PERMITTE   | n 2, you must c    | omplete the wo                        | 2. PERMITTED                               | 4 of<br>3. DSE |   |
| 1. CALL<br>SIGN<br>KRPV-DT  | this schedule to d<br>2. PERMITTED<br>BASIS      | letermine the  | tified by the le<br>DSE.)  | etter "F" in colum                                      | n 2, you must c    | omplete the wo                        |  | r              |   |
| SIGN  | this schedule to d                               | letermine the<br>3. DSE  | tified by the le<br>DSE.)<br>1. CALL   | 2. PERMITTE   | n 2, you must c    | omplete the wo                        | 2. PERMITTED                               | r              |   |
| SIGN<br>KRPV-DT   | this schedule to d<br>2. PERMITTED<br>BASIS<br>O | letermine the<br>3. DSE<br><b>1.00</b>   | tified by the le<br>DSE.)<br>1. CALL   | 2. PERMITTE   | n 2, you must c    | omplete the wo                        | 2. PERMITTED                               | r              |   |
| SIGN<br>KRPV-DT   | this schedule to d<br>2. PERMITTED<br>BASIS<br>O | letermine the<br>3. DSE<br><b>1.00</b>   | tified by the le<br>DSE.)<br>1. CALL   | 2. PERMITTE   | n 2, you must c    | omplete the wo                        | 2. PERMITTED                               | r              |   |
| SIGN<br>KRPV-DT   | this schedule to d<br>2. PERMITTED<br>BASIS<br>O | letermine the<br>3. DSE<br><b>1.00</b>   | tified by the le<br>DSE.)<br>1. CALL   | 2. PERMITTE   | n 2, you must c    | omplete the wo                        | 2. PERMITTED                               | r              |   |
| SIGN<br>KRPV-DT   | this schedule to d<br>2. PERMITTED<br>BASIS<br>O | letermine the<br>3. DSE<br><b>1.00</b>   | tified by the le<br>DSE.)<br>1. CALL   | 2. PERMITTE   | n 2, you must c    | omplete the wo                        | 2. PERMITTED                               | r              |   |
| SIGN<br>KRPV-DT   | this schedule to d<br>2. PERMITTED<br>BASIS<br>O | 3. DSE           1.00           1.00   | tified by the le<br>DSE.)<br>1. CALL<br>SIGN   | 2. PERMITTE<br>BASIS                                    | D 3. DSE           | omplete the wo                        | 2. PERMITTED                               | 3. DSE         |   |
| SIGN<br>KRPV-DT   | this schedule to d<br>2. PERMITTED<br>BASIS<br>O | 3. DSE           1.00           1.00   | tified by the le<br>DSE.)<br>1. CALL<br>SIGN   | 2. PERMITTE   | D 3. DSE           | omplete the wo                        | 2. PERMITTED                               | 3. DSE         |   |
| SIGN<br>KRPV-DT<br>KCHF   | this schedule to d<br>2. PERMITTED<br>BASIS<br>O | Intermine the           3. DSE           1.00           1.00           1.00  | tified by the le<br>DSE.)<br>1. CALL<br>SIGN   | 2. PERMITTE<br>BASIS                                    | D 3. DSE           | omplete the wo                        | 2. PERMITTED                               | 3. DSE         |   |
| SIGN<br>KRPV-DT<br>KCHF   | this schedule to d                               | a. DSE<br>1.00<br>1.00<br>BDSEs from p   | tified by the le<br>DSE.)<br>1. CALL<br>SIGN<br>LOCK C: CC<br>part 5 of this s   | 2. PERMITTE<br>BASIS                                    | D 3. DSE           | omplete the wo                        | 2. PERMITTED                               | 3. DSE         |   |
| SIGN<br>KRPV-DT<br>KCHF   | this schedule to d                               | a. DSE<br>1.00<br>1.00<br>B<br>DSEs from p<br>d DSEs from  | tified by the le<br>DSE.)<br>1. CALL<br>SIGN<br>LOCK C: CC<br>part 5 of this :<br>block B abo  | 2. PERMITTE<br>BASIS<br>DMPUTATION (<br>schedule        | D 3. DSE           | 1. CALL<br>SIGN                       | 2. PERMITTED                               | 3. DSE         |   |
| SIGN<br>KRPV-DT<br>KCHF<br>.ine 1: Enter the<br>.ine 2: Enter the<br>.ine 3: Subtract I                                       | this schedule to d                               | A constant of the second secon | tified by the le<br>DSE.)<br>1. CALL<br>SIGN<br>LOCK C: CC<br>part 5 of this :<br>block B abore<br>total number  | 2. PERMITTE<br>BASIS<br>DMPUTATION (<br>schedule<br>ove | D 3. DSE           | 1. CALL<br>SIGN                       | 2. PERMITTED                               | 3. DSE         |   |
| SIGN<br>KRPV-DT<br>KCHF<br>ine 1: Enter the<br>ine 2: Enter the<br>ine 3: Subtract I<br>(If zero, le                          | this schedule to d                               | A constant of the second secon | tified by the le<br>DSE.)<br>1. CALL<br>SIGN<br>LOCK C: CC<br>part 5 of this so<br>block B about total number<br>ceed to part                          | 2. PERMITTE<br>BASIS<br>DMPUTATION (<br>schedule<br>ove | D 3. DSE           | 1. CALL<br>SIGN                       | 2. PERMITTED<br>BASIS                      | 3. DSE         | -   |
| SIGN<br>KRPV-DT<br>KCHF<br>ine 1: Enter the<br>ine 2: Enter the<br>ine 3: Subtract I<br>(If zero, le                          | this schedule to d                               | A constant of the second secon | tified by the le<br>DSE.)<br>1. CALL<br>SIGN<br>LOCK C: CC<br>part 5 of this so<br>block B about total number<br>ceed to part                          | 2. PERMITTE<br>BASIS<br>DMPUTATION (<br>schedule<br>ove | D 3. DSE           | 1. CALL<br>SIGN                       | 2. PERMITTED                               | 3. DSE         | DSEs represe<br>partially   |
| SIGN<br>KRPV-DT<br>KCHF<br>Line 1: Enter the<br>Line 2: Enter the<br>Line 3: Subtract I<br>(If zero, le<br>Line 4: Enter gros | this schedule to d                               | A constraint and pro-<br>space K (pa   | tified by the le<br>DSE.)<br>1. CALL<br>SIGN<br>LOCK C: CC<br>part 5 of this solution<br>block B about total number<br>ceed to part<br>ge 7)           | 2. PERMITTE<br>BASIS<br>DMPUTATION (<br>schedule<br>ove | D 3. DSE           | 1. CALL<br>SIGN                       | 2. PERMITTED<br>BASIS                      | 3. DSE         | DSEs represe<br>partially<br>permited/<br>partially<br>nonpermitted               |
| SIGN<br>KRPV-DT<br>KCHF<br>Line 1: Enter the<br>Line 2: Enter the<br>Line 3: Subtract I<br>(If zero, le<br>Line 4: Enter grou | this schedule to d                               | A contract of the second secon | tified by the le<br>DSE.)<br>1. CALL<br>SIGN<br>LOCK C: CC<br>part 5 of this solution<br>block B about total number<br>ceed to part<br>ge 7)<br>n here | 2. PERMITTE<br>BASIS<br>DMPUTATION (<br>schedule<br>ove | D 3. DSE           | 1. CALL<br>SIGN                       | 2. PERMITTED<br>BASIS                      | 3. DSE         | permited/<br>partially<br>nonpermitted<br>carriage?<br>If yes, see par            |
| SIGN<br>KRPV-DT<br>KCHF<br>.ine 1: Enter the<br>.ine 2: Enter the<br>.ine 3: Subtract I<br>(If zero, le<br>.ine 4: Enter grow | this schedule to d                               | A contract of the second secon | tified by the le<br>DSE.)<br>1. CALL<br>SIGN<br>LOCK C: CC<br>part 5 of this solution<br>block B about total number<br>ceed to part<br>ge 7)<br>n here | 2. PERMITTE<br>BASIS<br>DMPUTATION (<br>schedule<br>ove | D 3. DSE           | 1. CALL<br>SIGN                       | 2. PERMITTED<br>BASIS                      | 3. DSE         | DSEs represer<br>partially<br>permited/<br>partially<br>nonpermitted<br>carriage? |

| DS Broadbar     | nd Service, LL        | SYSTEM:<br>_ <b>C</b> |                 |                       |        |                 | 5                     | YSTEM ID#<br>7636 | Name          |
|-----------------|-----------------------|-----------------------|-----------------|-----------------------|--------|-----------------|-----------------------|-------------------|---------------|
|                 |                       |                       |                 | SION MARKET           |        |                 |                       |                   | e             |
| 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE                | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE            | 6             |
|                 | 2, 1010               |                       |                 | 2, 1010               |        |                 | 271010                |                   | Computation o |
|                 |                       |                       |                 |                       |        |                 |                       |                   | 3.75 Fee      |
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|   |  |  |   |                             |   | DSE SCHEDULE. PAGE 14. |  |
|---|--|--|---|-----------------------------|---|------------------------|--|
| Name  |  |  | EM:   |                             |   | SYSTEM ID#             |  |
|   | TDS Broadban   | a Service, LLC                                     |   |                             |   | 7636                   |  |
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule.<br>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981.<br>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).<br>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: |  |   |                             |   |                        |  |
|   |  |  |   |                             | AND SUBSTITUTE BASIS  |                        |  |
|   | 1. CALL  | 2. PRIOR   | 3. ACCOUNTING                                   | 4. BASIS OF                 | 5. PRESENT  | 6. PERMITTED           |  |
| 1   | SIGN   | DSE  | PERIOD  | CARRIAGE                    | DSE   | DSE                    |  |
|   |  |  |   |                             |   |                        |  |
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| <b>7</b><br>Computation<br>of the   |  | "Yes," complete bloc                               | ks B and C, below.                              | ete part 8 of the DSE sche  | edule.  |                        |  |
| Syndicated  |  |  | BLOCK A: MAJO                                   | R TELEVISION MAR            | KET   |                        |  |
| Exclusivity   |  |  |   |                             |   |                        |  |
| Surcharge   | <ul> <li>Is any portion of the or</li> </ul>   | cable system within a                              | top 100 major television m                      | narket as defned by section | 76.5 of FCC rules in effect   | June 24, 1981?         |  |
|   | Yes—Complete   | e blocks B and C .                                 |   | No—Proceed                  | to part 8   |                        |  |
|   | BLOCK B: C   | arriage of VHF/Grade                               | B Contour Stations                              | BLO                         | CK C: Computation of Exe  | mpt DSEs               |  |
|   | Is any station listed in<br>commercial VHF stati<br>or in part, over the ca  | ion that places a grad                             | e primary stream of a<br>de B contour, in whole | ,                           | ed in block B of part 7 carr<br>able system prior to March<br>76.159) |                        |  |
|   |  | tation below with its ap<br>and proceed to part 8. | propriate permitted DSE                         |                             | station below with its approp<br>and proceed to part 8.               | riate permitted DSE    |  |
|   | CALL SIGN  | DSE C/   | ALL SIGN DSE                                    | CALL SIGN                   | DSE CALL S  | IGN DSE                |  |
|   |  |  |   |                             |   |                        |  |
|   |  |  |   |                             |   |                        |  |
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|   |  | <u>↓                                      </u>     |   | <b>┤</b> ║└─────            | <u> </u>  |                        |  |
|   |  | ТО   | TAL DSEs 0.0                                    | <u>v</u>                    | TOTAL   | DSEs 0.00              |  |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM:<br>TDS Broadband Service, LLC  | SYSTEM ID#<br>7636 | Name                                |
|---------------|---|--------------------|-------------------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  |                    |                                     |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)  | 1,223,601.11       | 7                                   |
| Section<br>2  | A. Enter the total DSEs from block B of part 7  | 0.00               | Computation                         |
|               | B. Enter the total number of exempt DSEs from block C of part 7   | 0.00               | of the<br>Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8  | 0.00               | Surcharge                           |
| • Is an       | y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below  |                    |                                     |
|               | SECTION 3: TOP 50 TELEVISION MARKET   |                    |                                     |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     X Yes—Complete part 9 of this schedule.     No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the E | )SE                |                                     |
|               | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.   |                    |                                     |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)   |                    |                                     |
|               | <ul> <li>B. Enter 0.00377 of gross receipts (the amount in section.1)</li> <li>C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here</li> </ul>  |                    |                                     |
|               | D. Multiply line B by line C and enter here   |                    |                                     |
|               | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |                    |                                     |
| Section<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.  |                    |                                     |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)  |                    |                                     |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)  | _                  |                                     |
|               | C. Multiply line B by 3.000 and enter here  |                    |                                     |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$   |                    |                                     |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here   |                    |                                     |
|               | F. Multiply line D by line E and enter here   |                    |                                     |
|               | G. Add lines A, C, and F. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |                    |                                     |
|               | SECTION 4: SECOND 50 TELEVISION MARKET  |                    |                                     |
| Section       | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?           X         Yes—Complete part 9 of this schedule.   |                    |                                     |
| 4a            | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the E is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.<br>A. Enter 0.00300 of gross receipts (the amount in section 1)  | DSE                |                                     |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1)  |                    |                                     |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2)<br>and enter here   |                    |                                     |
|               | D. Multiply line B by line C and enter here   |                    |                                     |
|               | E. Add lines A and D. This is your surcharge.<br>Enter here and on line 2 of block 4 in space L (page 7)<br>Syndicated Exclusivity Surcharge  |                    |                                     |

| DSF | SCHEDULE.  | PAGE | 16 |
|-----|------------|------|----|
| DOL | CONLEDGEL. | IAOL |    |

| Name                                | LEGAL NAM      | DSE SCHEDULE.<br>ME OF OWNER OF CABLE SYSTEM: SYSTEM:  | FEM ID#   |  |  |  |  |  |
|-------------------------------------|----------------|--|-----------|--|--|--|--|--|
| Hume                                | -              | TDS Broadband Service, LLC   | 7636      |  |  |  |  |  |
| 7                                   | Section<br>4b  | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.   |           |  |  |  |  |  |
| Computation                         |                | A. Enter 0.00300 of gross receipts (the amount in section 1)   |           |  |  |  |  |  |
| of the<br>Syndicated<br>Exclusivity |                | B. Enter 0.00189 of gross receipts (the amount in section 1)   |           |  |  |  |  |  |
| Surcharge                           |                | C. Multiply line B by 3.000 and enter here   |           |  |  |  |  |  |
|                                     |                | D. Enter 0.00089 of gross receipts (the amount in section 1)   |           |  |  |  |  |  |
|                                     |                | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here   |           |  |  |  |  |  |
|                                     |                | F. Multiply line D by line E and enter here  |           |  |  |  |  |  |
|                                     |                | G. Add lines A, C, and F. This is your surcharge.  |           |  |  |  |  |  |
|                                     |                | Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge   |           |  |  |  |  |  |
|                                     |                |  |           |  |  |  |  |  |
| 8                                   | You m<br>6 was | ctions:<br>ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part<br>checked "Yes," use the total number of DSEs from part 5.<br>bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. |           |  |  |  |  |  |
| Computation<br>of                   | -              | ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.   |           |  |  |  |  |  |
| Base Rate Fee                       | blank          | ar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below<br>c.   |           |  |  |  |  |  |
|                                     |                | is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers<br>ocated within that station's local service area and others were located outside that area. For the definition of a station's "local                                   |           |  |  |  |  |  |
|                                     |                | e area," see page (v) of the general instructions.   |           |  |  |  |  |  |
|                                     |                |  |           |  |  |  |  |  |
|                                     | • Did v        | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |           |  |  |  |  |  |
|                                     |                | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?           X         Yes—Complete part 9 of this schedule.   No—Complete the following sections.  |           |  |  |  |  |  |
|                                     |                | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  |           |  |  |  |  |  |
|                                     | Section        |  |           |  |  |  |  |  |
|                                     | 1              | Enter the amount of gross receipts from space K (page 7)   |           |  |  |  |  |  |
|                                     | Section<br>2   | Enter the total number of permitted DSEs from block B, part 6 of this schedule.<br>(If block A of part 6 was checked "Yes,"  |           |  |  |  |  |  |
|                                     |                | use the total number of DSEs from part 5.).  |           |  |  |  |  |  |
|                                     | Section        |  |           |  |  |  |  |  |
|                                     | 3              | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.<br>NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.   |           |  |  |  |  |  |
|                                     |                | A. Enter 0.01064 of gross receipts   |           |  |  |  |  |  |
|                                     |                | (the amount in section 1)  |           |  |  |  |  |  |
|                                     |                | B. Enter 0.00701 of gross receipts   |           |  |  |  |  |  |
|                                     |                | (the amount in section 1)  |           |  |  |  |  |  |
|                                     |                | C. Subtract 1.000 from total DSEs  |           |  |  |  |  |  |
|                                     |                | (the figure in section 2) and enter here   |           |  |  |  |  |  |
|                                     |                | D. Multiply line B by line C and enter here  |           |  |  |  |  |  |
|                                     |                | E. Add lines A, and D. This is your base rate fee. Enter here  |           |  |  |  |  |  |
|                                     |                | and in block 3, line 1, space L (page 7) Base Rate Fee   | 0.00      |  |  |  |  |  |
|                                     |                | Dase Rale ree₽   | <u></u> . |  |  |  |  |  |

| LEGAL N | AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#   |                                |
|---------|--|--------------------------------|
| TDS     | Broadband Service, LLC 7636  | Name                           |
| Section | If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.  |                                |
| 4       |  | 0                              |
| -       | A. Enter 0.01064 of gross receipts   | 8                              |
|         | (the amount in section 1)►\$   |                                |
|         | B. Enter 0.00701 of gross receipts   | Computation                    |
|         | (the amount in section 1)  | Computation<br>of              |
|         |  | Base Rate Fee                  |
|         | C. Multiply line B by 3.000 and enter here <b>\$</b>   |                                |
|         | D. Enter 0.00330 of gross receipts   |                                |
|         | (the amount in section 1) <b>§</b>   |                                |
|         |  |                                |
|         | E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶   |                                |
|         |  |                                |
|         | F. Multiply line D by line E and enter here  |                                |
|         | G. Add lines A, C, and F. This is your base rate fee   |                                |
|         | Enter here and in block 3, line 1, space L (page 7)  |                                |
|         | Base Rate Fee \$ 0.00  |                                |
|         |  |                                |
|         | <b>RTANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals istead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-   |                                |
|         | stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple charmer line-<br>Space G.  | 9                              |
| In Gen  | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude   | Computation                    |
|         | s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of  | of                             |
| this ex | clusion, you must:   | Base Rate Fee                  |
|         | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same  | and<br>Syndicated              |
|         | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number o<br>and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. | Exclusivity                    |
|         | Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.   | Surcharge<br>for               |
| NOTE    | If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you   | Partially                      |
| must a  | Iso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.   | Distant                        |
| Howev   | er, if your cable system is wholly located outside all major television markets, complete block A only.  | Stations, and<br>for Partially |
|         | b Identify a Subscriber Group for Partially Distant Stations   | Permitted                      |
| -       | : For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.   | Stations                       |
|         | : For each wholly distant and each partially distant station you carried, determine which of your subscribers were located   |                                |
|         | e the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by   |                                |
| the sar | ne token, the station is distant to the subscriber.)   |                                |
| -       | : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each   |                                |
|         | iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable<br>will have only one subscriber group when the distant stations it carried have local service areas that coincide.                    |                                |
| Comp    | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's   |                                |
| -       | iber groups.   |                                |
| In each | n section:   |                                |
|         | fy the communities/areas represented by each subscriber group.   |                                |
|         | the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the ibers in the group.  |                                |
| • If:   |  |                                |
|         | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3,   |                                |
| , .     | of this schedule; or,  |                                |
| , .     | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,   |                                |
| •       | : 6 of this schedule.  |                                |
|         | he DSEs for each station. This gives you the total DSEs for the particular subscriber group.   |                                |
|         | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions<br>a paper SA3 form.  |                                |
| • Com   | bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding  |                                |
|         | In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total  |                                |
|         | for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show<br>ctual calculations on the form.   |                                |

| Nerre | LEGAL NAME OF OWNER OF CABLE SYSTEM: SY   | STEM ID |
|-------|---|---------|
| Name  | TDS Broadband Service, LLC  | 7636    |
|       | Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals   |         |
|       | Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and   |         |
|       | partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.   |         |
|       | Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant  |         |
|       | signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by  |         |
|       | .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported   |         |
|       | for each part 9 used in steps 1 and 2 must equal the amount reported in space K.<br><b>Step 3:</b> Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant   |         |
|       | signals from step 1 that is subject to this surcharge.  |         |
|       | Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams  |         |
|       | <b>Step 1:</b> Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate |         |
|       | and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.  |         |
|       | You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement  |         |
|       | entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary  |         |
|       | transmitter or an association representing the primary transmitter.   |         |
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| E                                 |        |                                   |            |                            |            |           |           |                      |
|-----------------------------------|--------|-----------------------------------|------------|----------------------------|------------|-----------|-----------|----------------------|
|                                   |        | COMPUTATION OF<br>SUBSCRIBER GROU |            | TE FEES FOR EA             |            | SER GROUP | UP        |                      |
| COMMUNITY/ AREA                   | Hobbs, |                                   |            | COMMUNITY/ AREA Eunice, NM |            |           |           | <b>9</b><br>Computa  |
| CALL SIGN                         | DSE    | CALL SIGN                         | DSE        | CALL SIGN                  | DSE        | CALL SIGN | DSE       | of                   |
|                                   |        |                                   |            | KRPV-DT                    | 1.00       |           |           | Base Rate            |
|                                   |        |                                   |            | KCHF                       | 1.00       |           |           | and                  |
|                                   |        |                                   |            |                            |            |           |           | Syndicat<br>Exclusiv |
|                                   |        |                                   |            |                            |            |           |           | Surcharg             |
|                                   |        | -                                 |            |                            |            |           |           | for                  |
|                                   |        | -                                 |            |                            |            |           |           | Partially            |
|                                   |        |                                   |            |                            |            |           |           | Distant              |
|                                   |        | +                                 |            |                            |            |           |           | Stations             |
|                                   |        |                                   |            |                            |            |           |           |                      |
|                                   |        | -                                 |            |                            | -          |           |           |                      |
|                                   |        |                                   |            |                            | -          |           |           |                      |
|                                   |        |                                   |            |                            |            |           |           |                      |
|                                   |        |                                   |            |                            |            |           |           |                      |
| otal DSEs                         |        |                                   | 0.00       | Total DSEs                 |            |           | 2.00      |                      |
| Gross Receipts First G            | roup   | \$ 1,151                          | ,704.26    | Gross Receipts See         | cond Group | \$        | 71,896.85 |                      |
|                                   |        |                                   |            |                            |            |           |           |                      |
| a <b>se Rate Fee</b> First G      | roup   | \$                                | 0.00       | Base Rate Fee Se           | cond Group | \$        | 1,268.98  |                      |
|                                   | THIRD  | SUBSCRIBER GROU                   | IP         |                            |            |           |           |                      |
| OMMUNITY/ AREA                    |        |                                   | 0          | COMMUNITY/ AREA 0          |            |           |           |                      |
| CALL SIGN                         | DSE    | CALL SIGN                         | DSE        | CALL SIGN                  | DSE        | CALL SIGN | DSE       |                      |
|                                   |        |                                   |            | KRPV-DT                    | 1.00       |           |           |                      |
|                                   |        |                                   |            | KCHF                       | 1.00       |           |           |                      |
|                                   |        |                                   |            |                            |            |           |           |                      |
|                                   |        | -                                 |            |                            | -          |           |           |                      |
|                                   |        |                                   |            |                            |            |           |           |                      |
|                                   |        |                                   |            |                            |            |           |           |                      |
|                                   |        |                                   |            |                            |            |           |           |                      |
|                                   |        |                                   |            |                            |            |           |           |                      |
|                                   |        |                                   |            |                            | -          |           |           |                      |
|                                   |        | ]                                 |            | ]                          |            |           |           |                      |
|                                   |        |                                   |            |                            |            |           |           |                      |
|                                   |        |                                   |            |                            |            |           |           |                      |
|                                   |        |                                   | 0.00       | T / 1 DOF                  |            |           | 0.00      |                      |
| Total DSEs 0.00                   |        |                                   | Total DSEs |                            |            | 2.00      |           |                      |
| Bross Receipts Third G            | Group  | \$                                | 0.00       | Gross Receipts For         | urth Group | \$        | 0.00      |                      |
| Base Rate Fee Third Group \$ 0.00 |        |                                   | 0.00       | Base Rate Fee For          | urth Group | \$        | 0.00      |                      |
| ase Rate Fee: Add th              |        |                                   |            | 11                         |            |           |           |                      |

### FORM SA3E. PAGE 19.

| LEGAL NAME OF OWNE<br>TDS Broadband S   |       |                  |                       |                       |         | SY               | STEM ID#<br>7636 | Name                      |
|---|-------|------------------|-----------------------|-----------------------|---------|------------------|------------------|---------------------------|
| В   |       |                  |                       | TE FEES FOR EACH      |         |                  |                  |                           |
| COMMUNITY/ AREA   |       | SUBSCRIBER GROU  | P                     | COMMUNITY/ AREA       |         | SUBSCRIBER GROUF | ,                | 9                         |
| CALL SIGN   | DSE   | CALL SIGN        | DSE                   | CALL SIGN             | DSE     | CALL SIGN        | DSE              | Computation<br>of         |
|   | 502   |                  |                       |                       | 202     |                  | 202              | Base Rate Fee             |
|   |       |                  |                       |                       |         |                  |                  | and                       |
|   |       |                  |                       |                       |         |                  |                  | Syndicated<br>Exclusivity |
|   |       | -                |                       |                       |         |                  |                  | Surcharge                 |
|   |       |                  |                       |                       |         |                  |                  | for                       |
|   |       | -                |                       |                       |         |                  |                  | Partially                 |
|   |       | -                |                       |                       |         |                  |                  | Distant<br>Stations       |
|   |       | -                |                       |                       |         |                  |                  | otatione                  |
|   |       |                  |                       |                       |         |                  |                  |                           |
|   |       |                  |                       |                       |         |                  |                  |                           |
|   |       |                  |                       |                       |         |                  |                  |                           |
|   |       |                  |                       |                       |         |                  |                  |                           |
| Total DSEs  | •     |                  | 0.00                  | Total DSEs            |         |                  | 0.00             |                           |
| Gross Receipts First G  | oup   | <u>\$</u> 1,151, | 704.26                | Gross Receipts Second | d Group | \$ 7             | 1,896.85         |                           |
| Base Rate Fee First G   | roup  | \$               | 0.00                  | Base Rate Fee Second  | d Group | \$               | 0.00             |                           |
|   | THIRD | SUBSCRIBER GROU  | P                     |                       | FOURTH  | SUBSCRIBER GROUF | ,                |                           |
| COMMUNITY/ AREA   |       |                  | 0                     | COMMUNITY/ AREA 0     |         |                  |                  |                           |
| CALL SIGN   | DSE   | CALL SIGN        | DSE                   | CALL SIGN             | DSE     | CALL SIGN        | DSE              |                           |
|   |       |                  |                       |                       |         |                  |                  |                           |
|   |       | -                |                       |                       |         |                  |                  |                           |
|   |       | -                |                       |                       |         |                  |                  |                           |
|   |       |                  |                       |                       |         |                  |                  |                           |
|   |       | -                |                       |                       |         |                  |                  |                           |
|   |       | -                |                       |                       |         |                  |                  |                           |
|   |       |                  |                       |                       |         |                  |                  |                           |
|   |       | -                |                       |                       |         |                  |                  |                           |
|   |       |                  |                       |                       |         |                  |                  |                           |
|   |       |                  |                       |                       |         |                  |                  |                           |
|   |       |                  |                       |                       |         |                  |                  |                           |
|   |       |                  |                       |                       |         |                  |                  |                           |
| Total DSEs 0.00   |       |                  | Total DSEs            |                       |         | 0.00             |                  |                           |
| Gross Receipts Third Group \$ 0.00  |       | 0.00             | Gross Receipts Fourth | Group                 | \$      | 0.00             |                  |                           |
| Base Rate Fee Third Group \$ 0.00   |       |                  | 0.00                  | Base Rate Fee Fourth  | Group   | \$               | 0.00             |                           |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.<br>Enter here and in block 3, line 1, space L (page 7) \$ 0.00 |       |                  |                       |                       |         |                  |                  |                           |

|                                  |   | FORM SA3E. PAGE 20.  |  |  |  |  |  |  |
|----------------------------------|---|--|--|--|--|--|--|--|
| Name                             | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |  |  |  |  |  |  |
| Name                             | TDS Broadband Service, LLC  | 7636   |  |  |  |  |  |  |
|                                  | BLOCK B: COMPUTATION OF SYNDICATED EXCLUS   | IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP                          |  |  |  |  |  |  |
| 9                                | If your cable system is located within a top 100 television market and  | the station is not exempt in Part 7, you mustalso compute a        |  |  |  |  |  |  |
| Computation                      | Syndicated Exclusivity Surcharge. Indicate which major television ma<br>by section 76.5 of FCC rules in effect on June 24, 1981:  | rket any portion of your cable system is located in as defined     |  |  |  |  |  |  |
| of                               | First 50 major television market  | Second 50 major television market                                  |  |  |  |  |  |  |
| Base Rate Fee                    | INSTRUCTIONS:<br>Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of  |  |  |  |  |  |  |  |
| and<br>Syndicated                | this schedule.  | ercial VHF Grade B contour stations listed in block A, part 9 of   |  |  |  |  |  |  |
| Exclusivity                      | Step 2: In line 2, give the total number of DSEs by subscriber group  | for the VHF Grade B contour stations that were classified as       |  |  |  |  |  |  |
| Surcharge                        | Exempt DSEs in block C, part 7 of this schedule. If none en   |  |  |  |  |  |  |  |
| for                              | Step 3: In line 3, subtract line 2 from line 1. This is the total number  | , i i i i i i i i i i i i i i i i i i i                            |  |  |  |  |  |  |
| Partially<br>Distant<br>Stations | Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. |  |  |  |  |  |  |  |
|                                  | FIRST SUBSCRIBER GROUP  | SECOND SUBSCRIBER GROUP  |  |  |  |  |  |  |
|                                  |   |  |  |  |  |  |  |  |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |  |  |  |  |  |  |
|                                  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                      |  |  |  |  |  |  |
|                                  | Line 3: Subtract line 2 from line 1   | Line 3: Subtract line 2 from line 1                                |  |  |  |  |  |  |
|                                  | and enter here. This is the   | and enter here. This is the  |  |  |  |  |  |  |
|                                  | total number of DSEs for  | total number of DSEs for   |  |  |  |  |  |  |
|                                  | this subscriber group   | this subscriber group  |  |  |  |  |  |  |
|                                  | subject to the surcharge  | subject to the surcharge   |  |  |  |  |  |  |
|                                  | computation   | computation  |  |  |  |  |  |  |
|                                  | SYNDICATED EXCLUSIVITY  | SYNDICATED EXCLUSIVITY   |  |  |  |  |  |  |
|                                  | SURCHARGE   | SURCHARGE  |  |  |  |  |  |  |
|                                  | First Group   | Second Group   |  |  |  |  |  |  |
|                                  | THIRD SUBSCRIBER GROUP  | FOURTH SUBSCRIBER GROUP  |  |  |  |  |  |  |
|                                  | Line 1: Enter the VHF DSEs  | Line 1: Enter the VHF DSEs   |  |  |  |  |  |  |
|                                  | Line 2: Enter the Exempt DSEs   | Line 2: Enter the Exempt DSEs                                      |  |  |  |  |  |  |
|                                  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the  | Line 3: Subtract line 2 from line 1<br>and enter here. This is the |  |  |  |  |  |  |
|                                  | total number of DSEs for  | total number of DSEs for   |  |  |  |  |  |  |
|                                  | this subscriber group<br>subject to the surcharge   | this subscriber group  |  |  |  |  |  |  |
|                                  | computation   | subject to the surcharge computation                               |  |  |  |  |  |  |
|                                  |   |  |  |  |  |  |  |  |
|                                  |   |  |  |  |  |  |  |  |
|                                  | SURCHARGE<br>Third Group  | SURCHARGE<br>Fourth Group  |  |  |  |  |  |  |
|                                  |   |  |  |  |  |  |  |  |
|                                  | SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for<br>in the boxes above. Enter here and in block 4, line 2 of space L (page   | each subscriber group as shown                                     |  |  |  |  |  |  |
|                                  |   |  |  |  |  |  |  |  |
|                                  |   |  |  |  |  |  |  |  |
|                                  |   |  |  |  |  |  |  |  |
|                                  |   |  |  |  |  |  |  |  |