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

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
08/25/2020	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

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

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting	2020/1							
Period								
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo 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 submi a single statement of account and royalty fee payment covering the entire accounting perioa  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							
				14462	0201			
				1446 20	020/1			
	525 Junction Rd.							
	Madison, WI 53717-2152							
	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the busines	ss and operation of the syste	em unless thes	se			
С	names already appear in space B. In line 2, give the mailing address of							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b	,			
Area	with all communities.							
Served	CITY OR TOWN	STATE						
First	Estes Park	СО						
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.					
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GR	.P#			
Sample	Alda	MD	A	1				
	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 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 suffciency of the fling, a determination that would be made by a court of law.

**ACCOUNTING PERIOD: 2020/1** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 1446 **TDS Broadband Service LLC** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a 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 below. CITY OR TOWN STATE CH LINE UP SUB GRP# **Estes Park** CO AA First **Larimer County** Community See instructions for additional information on alphabetization. Add rows as necessary.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

SYSTEM ID#
1446

### Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					7 - 17 -
Service to first set	1,237	\$ 25.00			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel	410	\$7.40-\$10.96			
Commercial					
Converter					
Residential	342	\$5.95/Mo.			
Non-residential					
					T

### F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	7.40-19.99	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	\$0 - \$99.95		
Fire protection		Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	0-49.95	Burglar protection			
Additional set(s)	0-49.95	Other services:			
• FM radio (if separate rate)		Reconnect	0-25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

Α	ACCOUNTING PERIOD C	CCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting	2020/1	(enter four digit year and /1 (for Jan-Jun period) or /2 (for Jul-Dec period) No spaces)						
Period								

			_
	INSTR	UCTIONS:	
В	Give	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	
Owner	corpo	rate title of the subsidiary, not that of the parent corporation.	
	In line	2, list any other names under which the owner conducts the business of the cable system.	
	If ther	re were different owners during the accounting period, only the owner on the last day of the accounting period should submit	
	a sing	gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE DATA
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	Filing Period
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	1.
		TDS Broadband Service LLC	
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	
		Baja Broadband	
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:	
		525 Junction Rd.	
		(Number, street, rural route, apartment, or suite number)	
		Madison, WI 53717-2152	
		(City, town, state, zip)	1
			1
	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
	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.	
С			4
System	1	IDENTIFICATION OF CABLE SYSTEM:	
			_
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, furst route, spanment, or suite number)	.,
	_		
		(City, town, state, zip code)	<u>"</u>

Province Sub- scribers and services Sub- scribers and Converting Converting Converting Converting - Residential - Non-residential - Non-re		-	014.4		•		
Secondary Transmission  Gastes Services Substantial:  - Services 10 and 10 (separate rate)  - Fit ratio (respective field)  -	F	BLO	-		Ī		
Residential:	-	CATEGORY OF SERVICE		PATE			
Transmission Services 300 - Service to additional sets) - Services 300 - Find read of reported rate) - Find rate of reported rate of reported rate) - Find rate of reported rate rate of reported rate rate of reported rate rate of reported rate rate of reported rate reported rate reporte	Secondary		- COCOMBENS	TOTAL	<u> </u>		
Services about sections and set of the services and set of the services and set of the services and services	Transmission	Service to first set	1,237	25.00			
Rates Converter - Fresidential - Non-residential - Pay cable - Services - Other Thin - Pay cable - Services - Pay cable - S	Service: Sub-	Service to additional set(s)					
Converter - Residential - Non-residential - Recordary - Programme Conference - Commercial - Programme C	scribers and	• FM radio (if separate rate)					
Converter - Residential - Non-residential - Recordary - Programme Conference - Commercial - Programme C	Rates	Motel, hotel	410	\$7.40-\$10.96			
Readerstal   342   55.55/Mo.		Commercial					
**Non-residential **BLOCK 1  CATEGORY OF SERVICE   BATE   CATEGORY OF SERVICE   RATE    Other Than   Fey cable   Additional Services   Pay cable   Additional services    - Pay cable   Additional services   Pay cable   Additional services    - Pay cable   Pay cable   Pay cable   Pay cable   Additional services    - Pay cable   Pay cable   Pay cable   Pay cable    - Pay cable    - Pay cable   Pay cable    - Pay cabl		Converter					
BLOCK I  GATEGORY OF SERVICE  Continuing Services: - Pay cable - P		Residential	342	\$5.95/Mo.			
CATEGORY OF SERVICE Continuing Services: Services Other Than Secondary Transmissions: Rates  Pag cable—3dd channel -Fire protection -Fire protection -Fire protection -Fire protection -Fire protection -Fire protection -Fire set -Additional set(s) -Converter  Channels  Channels		Non-residential					
CATEGORY OF SERVICE Continuing Services: Services Other Than Secondary Transmissions: Rates  Pag cable—3dd channel -Fire protection -Fire protection -Fire protection -Fire protection -Fire protection -Fire protection -Fire set -Additional set(s) -Converter  Channels  Channels					<u>l</u>		
Continuing Services   Pay cable   Pay ca				BLOCK 1			1
Services Other Than Secondary Transmissions Rates  - Pay cable—add channel - Pice protection - Gurgar protection - Gurgar protection - Additional steft) - Poly cable - Prop c		CATEGORY OF SERVICE			SERVICE	RATE	
Services   Pag cable—add channel   Commercial   S0 - 599.95	F			Installation: No	n-residential		
Other Than Secondary Transmissions: Rates  - Fire protection Rates  - Fire protection Rates  - Fire protection Rates  - Fire protection -		Pay cable	7.40-19.99		Motel, hotel		
Pay cable-add I channel						\$0 - \$99.95	
Transmissions:  Installation: Residential - First set - Additional set(s) - First set - Additi		'			,		
## First set		J 1			,		,
Additional set(s) -FM radio (if separate rate) -Converter  Channels  CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system total number of activated channels, during the accounting period.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations  289  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)  Name  Stephanie Weber  Telephone  Address  Stephanie Weber  Telephone  (608) 664-4721  (Number, street, rural route, apartment, or suite number)  Madison, WI 53717  (Cty, twom, state, zpp)  Email (optional)  finance@tidstelecom.com  Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  Signature Space O - this form will be submitted with an electronic "is" signature (e.g., is/John Smith). Do not forget to enter an electronic signature by typing "is" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name:  Sharon V. Tisdale  Title:  Assistant Treasurer  (Title of indical position hield in corporation or partnership)			0.40				
-Feconect -Converter -Feconect -Converter -Feconect -Converter -Feconect -Converter -Feconect -F	Rates			Other c			•
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system carried television broadcast stations  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services  N Individual to BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)  Name Stephanie Weber Telephone Address  525 Junction Rd (Number, street, rural route, apartment, or suite number)  Madison, WI 53717 (City, town, state, zp)  Email (optional)  finance@tdstelecom.com Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) Signature Space O – this form will be submitted with an electronic "/s/" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name: Sharon V. Tisdale  Title: Assistant Treasurer (Title of official position held in corporation or partnership)		Instructions: You must give (1)					stations
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O Certification  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  Signature Space O – this form will be submitted with an electronic "signature by typing "ss" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name:  Sharon V. Tisdale  Title:  Assistant Treasurer  (Title of official position had in corporation or partnership)		Instructions: You must give (1) to its subscribers and (2) the cal	ble system's total n	umber of activa			
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N Individual to Be Contacted for Further Information  Address  Stephanie Weber  Address  Stephanie Weber  Address  Stephanie Weber  Address  Stephanie Weber  Telephone  (508) 664-4721  (Number, street, rural route, apartment, or suite number)  Madison, WI 53717  (City, town, state, zip)  Email (optional)  Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  Signature Space O – this form will be submitted with an electronic "s/s" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name:  Sharon V. Tisdale  Title:  Assistant Treasurer  (Title of official position had in corporation or partnership)		Instructions: You must give (1) to its subscribers and (2) the cal	ble system's total n	umber of activa			
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)  Name  Stephanie Weber  Telephone  Address  S25 Junction Rd  (Number, street, rural route, apartment, or suite number)  Madison, WI 53717  (City, town, state, zip)  Email (optional)  finance@tdstelecom.com  Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) Signature Space O – this form will be submitted with an electronic "sir" signature (e.g., is/John Smith). Do not forget to enter an electronic signature by typing "sir" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name:  Sharon V. Tisdale  Title:  Assistant Treasurer  (Title of official position had in corporation or partnership)		Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of char system carried television broad	ble system's total n nnels on which the dcast stations	umber of activa			
we can contact about this statement of account.)  We can contact about this statement of account.)  We can contact about this statement of account.)  Name  Stephanie Weber  Telephone  (608) 664-4721  Address  525 Junction Rd  (Number, street, rural route, apartment, or suite number)  Madison, WI 53717  (City, town, state, zip)  Email (optional)  finance@tdstelecom.com  Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  Signature Space O – this form will be submitted with an electronic "/s/" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name:  Sharon V. Tisdale  Title:  Assistant Treasurer  (Title of official position held in corporation or partnership)		Instructions: You must give (1) to its subscribers and (2) the cal  1. Enter the total number of char system carried television broad  2. Enter the total number of active systems.	ble system's total n nnels on which the dcast stations vated channels	cable			25
we can contact about this statement of account.)  Be Contacted for Further Information  Address  Stephanie Weber  Address  Stephanie Weber  Telephone (608) 664-4721  Address  Stephanie Weber  Address  Stephanie Weber  Address  Stephanie Weber  Telephone (608) 664-4721  Madison, WI 53717  (City, town, state, zep)  Email (optional)  Fax (optional)  Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  Signature Space O – this form will be submitted with an electronic "/s/" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name: Sharon V. Tisdale  Title:  Assistant Treasurer  (Title of official position held in corporation or partnership)		Instructions: You must give (1) to its subscribers and (2) the cal  1. Enter the total number of char system carried television broad  2. Enter the total number of action which the cable system car	ble system's total n nnels on which the dcast stations vated channels ried television broa	cableadcast stations	ted channels, during the a		25
Be Contacted for Further Information  Address  Stephanie Weber  Address  Stephanie Weber  Telephone  (608) 664-4721  Telephone  Address  Stephanie Weber  Telephone  (608) 664-4721  Telephone  Fax (optional)  Fax (optional)  Telephone  Fax (optional)  Telephone  Fax (optional)  Telephone  Fax (optional)  Telephone  Telephone  Telephone  (608) 664-4721  Telephone  Telephone  (608) 664-4721  Telephone  Tele	Channels	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of char system carried television broad  2. Enter the total number of action which the cable system can and nonbroadcast services   INDIVIDUAL TO BE CONTACT	ble system's total n nnels on which the dcast stations vated channels ried television broa	cable	ted channels, during the a	counting period.	25
Name Stephanie Weber Telephone (608) 664-4721  Address  525 Junction Rd (Number, street, rural route, apartment, or suite number)  Madison, WI 53717 (City, town, state, zip)  Email (optional)  Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  Signature Space O – this form will be submitted with an electronic "/s/" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name: Sharon V. Tisdale  Title:  Assistant Treasurer (Title of official position held in corporation or partnership)	Channels	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of char system carried television broad  2. Enter the total number of action which the cable system can and nonbroadcast services   INDIVIDUAL TO BE CONTACT	ble system's total n nnels on which the dcast stations vated channels ried television broa	cable	ted channels, during the a	counting period.	25
Address  Address  525 Junction Rd  (Number, street, rural route, apartment, or suite number)  Madison, WI 53717  (City, town, state, zip)  Email (optional)  finance@tdstelecom.com  Fax (optional)  Certification  Certification  Certification  Typed or printed name:  Sharon V. Tisdale  Title:  Assistant Treasurer  (Title of official position held in corporation or partnership)	Channels	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of char system carried television broad  2. Enter the total number of action which the cable system can and nonbroadcast services   INDIVIDUAL TO BE CONTACT	ble system's total n nnels on which the dcast stations vated channels ried television broa	cable	ted channels, during the a	counting period.	25
Address  525 Junction Rd (Number, street, rural route, apartment, or suite number)  Madison, WI 53717 (City, town, state, zip)  Email (optional)  finance@tdstelecom.com  Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)  Signature Space O – this form will be submitted with an electronic "/s/" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name: Sharon V. Tisdale  Title: Assistant Treasurer (Title of official position held in corporation or partnership)	Channels  N Individual to	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of char system carried television broad  2. Enter the total number of action which the cable system can and nonbroadcast services   INDIVIDUAL TO BE CONTACT	ble system's total n nnels on which the dcast stations vated channels ried television broa	cable	ted channels, during the a	counting period.	25
(Number, street, rural route, apartment, or suite number)  Madison, WI 53717 (City, town, state, zip)  Email (optional)  Fax (optional)  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) Signature Space O – this form will be submitted with an electronic "/s/" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name: Sharon V. Tisdale  Title:  Assistant Treasurer (Title of official position had in corporation or partnership)	N Individual to Be Contacted for Further	Instructions: You must give (1) to its subscribers and (2) the cal  1. Enter the total number of char system carried television broad  2. Enter the total number of active on which the cable system car and nonbroadcast services  INDIVIDUAL TO BE CONTACT we can contact about this stater	ble system's total n nnels on which the dcast stations	cable	ited channels, during the a	ndividual	25
Madison, WI 53717  (City, town, state, zip)  Email (optional)  Fax (optional)  Certification  Fax (optional)  Fax (optional)  Signature Cop, /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name:  Certification  Typed or printed name:  Certification  Certification  Certification  Certification  Certification  Certification  Certification  Certification  Copyright Office regulations.)  Signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name:  Certification  Copyright Office regulations.)  Signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name:  Certification  Certificat	N Individual to Be Contacted for Further	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of char system carried television broad  2. Enter the total number of active on which the cable system car and nonbroadcast services  INDIVIDUAL TO BE CONTACT we can contact about this stater  Name	ble system's total n nnels on which the dcast stations	cable adcast stations NFORMATION	ited channels, during the a	ndividual	25
Certification  Signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name:  Certification  Certification  Certification  Typed or printed name:  Certification  Certification  Certification  Certification  Certification  Comparison  Typed or printed name:  Certification  Certification  Certification  Certification  Comparison  Certification  Certification  Certification  Certification  Certification  Certification  Certification  Certification  Comparison  Certification  Certification  Certification  Certification  Certification  Certification  Certification  Certification  Certification  Comparison  Certification  Certification  Certification  Certification  Comparison  Certification  Certificat	N Individual to Be Contacted for Further	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of char system carried television broad  2. Enter the total number of active on which the cable system car and nonbroadcast services  INDIVIDUAL TO BE CONTACT we can contact about this stater  Name	ble system's total n nnels on which the dcast stations	umber of active cable  adcast stations  NFORMATION  Rd	ited channels, during the a	ndividual Telephone	25
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CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) Signature Space O – this form will be submitted with an electronic "sr" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "sr" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name: Sharon V. Tisdale  Title: Assistant Treasurer (Title of official position held in corporation or partnership)	N Individual to Be Contacted for Further	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of char system carried television broad  2. Enter the total number of active on which the cable system car and nonbroadcast services  INDIVIDUAL TO BE CONTACT we can contact about this stater  Name	ble system's total n nnels on which the dcast stations vated channels ried television broa ried television broa  ED IF FURTHER I nent of account.)  Stephanie W.  525 Junction (Num Madison, WI	umber of active cable  adcast stations  NFORMATION  eber  Rd ber, street, rural to 53717	ited channels, during the a	ndividual Telephone	25
CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) Signature Space O – this form will be submitted with an electronic "sr" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "sr" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name: Sharon V. Tisdale  Title: Assistant Treasurer (Title of official position held in corporation or partnership)	N Individual to Be Contacted for Further	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of char system carried television broad  2. Enter the total number of active on which the cable system car and nonbroadcast services  INDIVIDUAL TO BE CONTACT we can contact about this stater  Name	ble system's total n nnels on which the dcast stations vated channels ried television broa ried television broa  ED IF FURTHER I nent of account.)  Stephanie W.  525 Junction (Num Madison, WI	umber of active cable  adcast stations  NFORMATION  eber  Rd ber, street, rural to 53717	ited channels, during the a	ndividual Telephone	25
O Signature Space O – this form will be submitted with an electronic "/s/" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name: Sharon V. Tisdale  Title: Assistant Treasurer  (Title of official position held in corporation or partnership)	N Individual to Be Contacted for Further	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of chat  system carried television broat  2. Enter the total number of action which the cable system car  and nonbroadcast services	ble system's total n nnels on which the dcast stations vated channels ried television broa ried television broa rea of account.)  Stephanie W  525 Junction (Num  Madison, WI  (City.	umber of active cable  Addast stations  NFORMATION  Rd  Rd  Ber, street, rural to street, rural to town, state, zip)	IS NEEDED (Identify an in	ndividual Telephone	25
O Signature Space O – this form will be submitted with an electronic "/s/" signature (e.g., /s/John Smith). Do not forget to enter an electronic signature by typing "/s/" followed by your name in the signature box in Space O of tab "page 8, space M-O".  Typed or printed name: Sharon V. Tisdale  Title: Assistant Treasurer  (Title of official position held in corporation or partnership)	N Individual to Be Contacted for Further	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of chat  system carried television broat  2. Enter the total number of action which the cable system car  and nonbroadcast services	ble system's total n nnels on which the dcast stations vated channels ried television broa ried television broa rea of account.)  Stephanie W  525 Junction (Num  Madison, WI  (City.	umber of active cable  Addast stations  NFORMATION  Rd  Rd  Ber, street, rural to street, rural to town, state, zip)	IS NEEDED (Identify an in	ndividual Telephone	25
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Typed or printed name: Sharon V. Tisdale  Title: Assistant Treasurer  (Title of official position held in corporation or partnership)	N Individual to Be Contacted for Further Information	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of chail system carried television broad  2. Enter the total number of active on which the cable system car and nonbroadcast services   INDIVIDUAL TO BE CONTACT we can contact about this staten  Name  Address  Email (optional)	tel system's total numbers on which the deast stations	umber of active cable  dcast stations  NFORMATION  Rd  ber, street, rural r  53717  town, state, zip)  telecom.com	IS NEEDED (Identify an interest of the number of the numbe	Telephone Fax (optional)	25 289 (608) 664-4721
Title: Assistant Treasurer (Title of official position held in corporation or partnership)	N Individual to Be Contacted for Further Information	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of char system carried television broad  2. Enter the total number of active on which the cable system car and nonbroadcast services .   INDIVIDUAL TO BE CONTACT we can contact about this staten   Name  Address  Email (optional)  CERTIFICATION (This statement Signature Space O – this form will	ble system's total n nnels on which the dcast stations	umber of active cable  ndcast stations  NFORMATION  Rd  per street, rural to 53717  town, state, zip)  telecom.com	IS NEEDED (Identify an in oute, apartment, or suite num igned in accordance with C	dividual  Telephone  Fax (optional)  Topyright Office regu	25 289 (608) 664-4721
(Title of official position held in corporation or partnership)	N Individual to Be Contacted for Further Information	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of char system carried television broad  2. Enter the total number of active on which the cable system car and nonbroadcast services .   INDIVIDUAL TO BE CONTACT we can contact about this staten   Name  Address  Email (optional)  CERTIFICATION (This statement Signature Space O – this form will	ble system's total n nnels on which the dcast stations	umber of active cable  ndcast stations  NFORMATION  Rd  per street, rural to 53717  town, state, zip)  telecom.com	IS NEEDED (Identify an in oute, apartment, or suite num igned in accordance with C	dividual  Telephone  Fax (optional)  Topyright Office regu	25 289 (608) 664-4721
(Title of official position held in corporation or partnership)	N Individual to Be Contacted for Further Information	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of char system carried television broad  2. Enter the total number of active on which the cable system car and nonbroadcast services .   INDIVIDUAL TO BE CONTACT we can contact about this staten   Name  Address  Email (optional)  CERTIFICATION (This statement Signature Space O – this form will	ble system's total n nnels on which the dcast stations	umber of active cable  NFORMATION  Rd  Bet S3717  town, state, zip)  telecom.com	IS NEEDED (Identify an in oute, apartment, or suite num oute, apartment, or suite num igned in accordance with C (s/s* signature (e.g., /s/Johr in Space O of tab "page 8,	Telephone Fax (optional)  Fax (optional)  Smith). Do not for space M-O*.	25 289 (608) 664-4721
(Title of official position held in corporation or partnership)	N Individual to Be Contacted for Further Information	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of char system carried television broad  2. Enter the total number of active on which the cable system car and nonbroadcast services .   INDIVIDUAL TO BE CONTACT we can contact about this staten   Name  Address  Email (optional)  CERTIFICATION (This statement Signature Space O – this form will	ble system's total n nnels on which the dcast stations	umber of active cable  NFORMATION  Rd  Bet S3717  town, state, zip)  telecom.com	IS NEEDED (Identify an in oute, apartment, or suite num oute, apartment, or suite num igned in accordance with C (s/s* signature (e.g., /s/Johr in Space O of tab "page 8,	Telephone Fax (optional)  Fax (optional)  Smith). Do not for space M-O*.	25 289 (608) 664-4721
P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	N Individual to Be Contacted for Further Information	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of char system carried television broad  2. Enter the total number of active on which the cable system car and nonbroadcast services .   INDIVIDUAL TO BE CONTACT we can contact about this staten   Name  Address  Email (optional)  CERTIFICATION (This statement Signature Space O – this form will	ble system's total n nnels on which the dcast stations	umber of active cable  deast stations  NFORMATION  Rd ber, street, rural tri 53717 town, state, zip)  telecom.com  telectronic ", a signature box  Typed or prir  Title:	IS NEEDED (Identify an in oute, apartment, or suite num oute, apartment, or suite num igned in accordance with 0 s/s signature (e.g., /s/Johr in Space O of tab "page 8, sted name: Sharor Assistant Treasurer	relephone  Fax (optional)  copyright Office regular Smith). Do not for space M-O".	25 289 (608) 664-4721  Ilations.) get to enter an electronic
	N Individual to Be Contacted for Further Information	Instructions: You must give (1) to its subscribers and (2) the cal   1. Enter the total number of char system carried television broad  2. Enter the total number of active on which the cable system car and nonbroadcast services .   INDIVIDUAL TO BE CONTACT we can contact about this staten   Name  Address  Email (optional)  CERTIFICATION (This statement Signature Space O – this form will	ble system's total n nnels on which the dcast stations	umber of active cable  deast stations  NFORMATION  Rd ber, street, rural tri 53717 town, state, zip)  telecom.com  telectronic ", a signature box  Typed or prir  Title:	IS NEEDED (Identify an in oute, apartment, or suite num oute, apartment, or suite num igned in accordance with 0 s/s signature (e.g., /s/Johr in Space O of tab "page 8, sted name: Sharor Assistant Treasurer	relephone  Fax (optional)  copyright Office regular Smith). Do not for space M-O".	25 289 (608) 664-4721  Ilations.) get to enter an electronic

U.S. Copyright Office

\$ 553,794.49

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### **Subgroup Gross Receipts Total**

\$ 553,794.49

Subgroup		Subgroup/Community Name	G	ross Receipts
FIRST	1	Estes Park, CO	\$	553,794.49
SECOND	2		\$	-
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 Channel	2 Tuno of			Space G Basis of
1. Call Sign	Number	3. Type of Station	6. Location of Station	DSE	Carriage
KMGH	7.1	N	Denver, CO	0.250	Carriage
KMGH-DT2	7.2	N-M	Denver, CO	0.250	
KMGH-DT3	7.3	N-M	Denver, CO	0.250	
KCNC	4.1	N	Denver, CO	0.250	
KCNC-DT2	4.2	N-M	Denver, CO	0.250	
KCNC-DT3	4.3	N-M	Denver, CO	0.250	
KUSA	9.1	N	Denver, CO	0.250	
KUSA-DT2	9.2	N-M	Denver, CO	0.250	
KDVR	31.1	1	Denver, CO	1.000	
KDVR-DT2	31.2	I-M	Denver, CO	1.000	
KDVR-DT3	31.3	I-M	Denver, CO	1.000	
KRMA	6.1	Е	Denver, CO	0.250	
KPXC	59.1	1	Aurora, CO	1.000	
KDEN	25.1	i	Centennial, CO	1.000	
KDEN-DT2	25.2	I-M	Denver, CO	1.000	
KWGN	2.1	1	Denver, CO	1.000	
KWGN-DT2	2.2	I-M	Denver, CO	1.000	
KWGN-DT3	2.3	I-M	Denver, CO	1.000	
KWGN-DT4	2.4	I-M	Denver, CO	1.000	
KTVD	20.1	1	Denver, CO	1.000	
KTVD-DT2	20.2	I-M	Denver, CO	1.000	
KPJR	38.1	1	Westminster, CO	1.000	
KPJR-DT2	38.2	I-M	Westminster, CO	1.000	
KPJR-DT3	38.3	I-M	Westminster, CO	1.000	
KQCK	39	1	Cheyenne, WY	1.000	
RQCR	33	•	cheyenne, wi	#N/A	
				#N/A #N/A	
				π ( <b>V</b> ) /*\	

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

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

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

**ACCOUNTING PERIOD: 2020/1** FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 20201 **TDS Broadband Service LLC** 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.

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ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 3 SYSTEM ID# FGAL NAME OF OWNER OF CABLE SYSTEM Name TDS Broadband Service LLC 1446 In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify ach multicast stream associated with a station according to its over-the-air designation. For example, report multi-

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial

cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). or the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex-

column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it 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, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further

explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. **Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AA		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
KMGH	7.1	N	No		Denver, CO	
KMGH-DT2	7.2	N-M	No		Denver, CO	See instructions for
KMGH-DT3	7.3	N-M	No		Denver, CO	additional informati
KCNC	4.1	N	No		Denver, CO	on alphabetization.
KCNC-DT2	4.2	N-M	No		Denver, CO	]
KCNC-DT3	4.3	N-M	No		Denver, CO	
KUSA	9.1	N	No		Denver, CO	
KUSA-DT2	9.2	N-M	No		Denver, CO	
KDVR	31.1	I	No		Denver, CO	
KDVR-DT2	31.2	I-M	No		Denver, CO	
KDVR-DT3	31.3	I-M	No		Denver, CO	
KRMA	6.1	E	No		Denver, CO	
KPXC	59.1	I	No		Aurora, CO	
KDEN	25.1	ı	No		Centennial, CO	
KDEN-DT2	25.2	I-M	No		Denver, CO	
KWGN	2.1	I	No		Denver, CO	
KWGN-DT2	2.2	I-M	No		Denver, CO	
KWGN-DT3	2.3	I-M	No		Denver, CO	
KWGN-DT4	2.4	I-M	No		Denver, CO	
KTVD	20.1	ı	No		Denver, CO	
KTVD-DT2	20.2	I-M	No		Denver, CO	
KPJR	38.1	I	No		Westminster, CO	
KPJR-DT2	38.2	I-M	No		Westminster, CO	
KPJR-DT3	38.3	I-M	No		Westminster, CO	
KQCK	39	I	No		Cheyenne, WY	
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		ļ				
		<u> </u>				]

Primary

Transmitters:

Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM Name **TDS Broadband Service LLC** 1446 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G

carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on substitute program basis, as explained in the next paragraph

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

- Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subjec 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, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up

Note: If you are utilizing	ng multiple chai				cnannei iine-up.
		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
	••••••				

ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **TDS Broadband Service LLC** 1446 PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). AM or FM CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION N/A

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2020/1
LEGAL NAME OF OWNER OF		ГЕМ:				S	YSTEM ID#	Name
TDS Broadband Service LLC 1446								
SUBSTITUTE CARRIAG	E: SPECIA	L STATEMEN	T AND PROGRAM LOG					
In General: In space I, ident substitute basis during the a explanation of the programn	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or autho	orizátions. F	or a further	Substitute
1. SPECIAL STATEMEN								Carriage:
During the accounting per broadcast by a distant star		r cable system	carry, on a substitute basi	s, any nonnet			⊠No	Special Statement and Program Log
Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUTI			ge blank. If your answer is '	Yes," you mu	ıst complete ti	ne program	1	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please a of every no distant state gulations, o ation. Do no Lucy" or "NE m was broad sign of the sadcast stationatian stationatia	attach additional network televition and that your authorization at use general of the second and the second at use general of the second at use general of the second at	al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute program to community to which the community with which the stem carried the substitute pour carried the substitute pour carried by a system from 6:01:10 was substituted for program the accounting period.	rogram) that, d for the progeral instructio "basketball". o." m. station is licenstation is idenorogram. Use cable system. 5 p.m. to 6:2	during the accramming of ar ns located in the List specific pure titified).  List the times 8:30 p.m. shoour system water "P" if the list	counting nother statisthe paper program  CC or, in the montes accurately uld be as required sted pro	th /	
	SUBSTITUT	E PROGRAM	l		N SUBSTITU		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM —	IES TO	DELETION	
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ACCOUNTING PERIOD: 2020/1 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
TDS Broadband Service LLC
SYSTEM ID#
1446

### J

#### Part-Time Carriage Log

#### PART-TIME CARRIAGE LOG

**In General:** This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

**Column 1 (Call sign):** Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

**Column 2 (Dates and hours of carriage):** For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m."
   12:00 p.m."

		DATES	AND HOURS (	OF P	PART-TIME CAF	RRIAGE			
CALL SIGN	WHEN	CARRIAGE OCCU			CALL SIGN	WHEN CARRIAGE OCCURRED HOURS			
	DATE	HOUR FROM	tS TO		DATE FROM			OUR:	S TO
N/A								_	
								_	
		_						_	
		_						_	
		_						_	
		_						_	
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	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#			
TD	S Broadband Service LLC			1446	Name		
Ins all a (as	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	ondary t	transmissi	on service	<b>K</b> Gross Receipts		
IMF	during the accounting period.  PORTANT: You must complete a statement in space P concerning gross receipts.		\$ (Amount of	<b>553,794.49</b> gross receipts)			
• Cor • Cor • If you fee • If you	PRIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete block 2, showing whether your system carried any distant television stations. Our system did not carry any distant television stations, leave block 3 blank. Enter the arrow block 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.				L Copyright Royalty Fee		
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should book 3 below.	oe enter	red on line	1 of			
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered	d on line 2	in block			
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be	entered or	n line			
Block 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 fe system's gross receipts for the accounting period.		064 percen	t of the			
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		\$	553,794.49			
	This is your minimum fee.	\$		5,892.37			
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  X No—Leave block 3 below blank and	mn 4, yo	ou must ch	neck			
Block	Line 1. BASE RATE FEE: 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		\$				
3	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	\$		-			
Block	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee		¢	E 000 27			
4	from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente		\$	5,892.37	Cable systems submitting additional deposits under		
	zero.  Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)						
	Line 4. FILING FEE		\$	725.00	the Licensing additional fees. Division for the		
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$		6,617.37	appropriate form for submitting the additional fees.		
	EFT Trace # or TRANSACTION ID #				additional 1663.		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form and the Excel instructions to						

NI	LEGAL NAME OF OWNER C	F CABLE S	YSTEM:	SYSTEM ID#						
Name	TDS Broadband So	ervice L	LC	1446						
	CHANNELS									
M	Instructions: You m	ust give	(1) the number of channels on which the cable system carried television broadcas	st stations						
•••	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels										
			hannels on which the cable	25						
	system carried tele	vision br	padcast stations							
	2. Enter the total nun	nber of a	ctivated channels							
			carried television broadcast stations	289						
	and nonbroadcast	services		209						
N	INDIVIDUAL TO BE	CONTA	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual							
	we can contact abou	t this sta	tement of account.)							
Individual to Be Contacted										
for Further	Name Stepha	nie We	<b>ber</b> Telephone	(608) 664-4721						
Information										
	Address <b>525 Jur</b>	nction	Rd							
	(Number, str	eet, rural r	oute, apartment, or suite number)							
	Madiso		3717							
	(City, town, s	state, zip)								
	Email	financ	e@tdstelecom.com Fax (optional)							
	CERTIFICATION (This	e etatom	ant of account must be cartifod and signed in accordance with Converight Office re	agulations						
0	CERTIFICATION (TIII	s statem	ent of account must be certifed and signed in accordance with Copyright Office re	guiations.						
Certifcation	• I the undersigned he	erehv cer	tify that (Check one, but only one, of the boxes.)							
Certification	i, the undersigned, in	creby cer	ing that (Greek one, but only one, or the boxes.)							
	(Owner other than	corpora	ntion or partnership) I am the owner of the cable system as identifed in line 1 of space	ce B; or						
			n corporation or partnership) I am the duly authorized agent of the owner of the cab	ole system as identified						
	in line 1 of spa	ce B and	that the owner is not a corporation or partnership; or							
			n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as	owner of the cable system						
	in line 1 of spa	ce B.								
			t of account and hereby declare under penalty of law that all statements of fact contains	ined herein						
	are true, complete, an [18 U.S.C., Section 10		to the best of my knowledge, information, and belief, and are made in good faith.							
	,	(	•							
		X	/s/Sharon V. Tisdale							
			electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your curso	or in the box and press the						
		"F2" but	on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot	us compatibility settings.						
		Typed o	or printed name: Sharon V. Tisdale							
		<b>7.</b>								
,		T:41	Assistant Transvers							
,		Title:	Assistant Treasurer (Title of official position held in corporation or partnership)							
,		Date:	August 25, 2020							

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 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 telephor 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 search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
TDS Broadband Service LLC	1446	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	b-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.		Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?		
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	t.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0.00274	ļ	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	rge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance pleas contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ie	
** 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, please list below the owner, address, first community served, accounting period, and ID number as given in the origina filing.	ıl	
Owner		
Address		
First community served		
Accounting period		
ID number		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2020/1

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica 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 accoun (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	

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 C 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 or 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 particula 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  $\varepsilon$  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, ir 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 beer 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, non-commercial 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 statior 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 Syndicatec 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 pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o 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 ir
  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.

## 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 DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% 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.
  - 2. Identify the communities/areas represented by each subscriber group.
- 3. 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.

- 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:

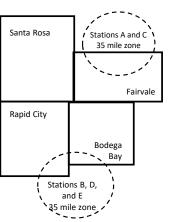
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



	Distant Stations Carried		Identification of	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
)-	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6,384.00

First Subscriber Group (Santa Rosa)		Second Subscriber Group (Rapid City and Bodega Bay)		Third Subscriber Group (Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
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
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 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

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

**ACCOUNTING PERIOD: 2020/1** 

DSE SCHEDULE. PAG	SE 11. (CONTINUED)												
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#												
1	TDS Broadband Service	LLC				1446							
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:										
	Add the DSEs of each station												
	Enter the sum here and in line		0.00										
_	Instructions:			·									
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5												
	of space G (page 3).  In the column hazded "DSE": for each independent station, give the DSE as "1.0": for each network or noncom-												
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."  CATEGORY "O" STATIONS: DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE												
Computation of DSEs for Category "O"  In the column headed "DSE": for each independent station, give the DSE as ".25."  CATEGORY "O"  CATEGORY "O"			CALL SIGN	DSF									
Giations	ONEE SIGIT	BOL	O/ IEE OIOIV	DOL	O/ LEE OIOIT	BOL							
Add rows as													
necessary.													
all formula into new													
rows.													
				<b>3</b>									
				•									

Name		OWNER OF CABLE SYSTEM: and Service LLC					\$	SYSTEM ID# 1446		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should correspond with the information given in space J. Calculate only one DSE for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.									
Capacity										
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. N JRS C ED BY S	NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	F 5. TYPE		SE		
			÷		=	x	=			
			÷		= 	x x	=			
					=	x	=			
			÷		=	x	=			
			÷		= = =	x x	=			
			÷		=	x	=			
	Add the DSEs of	OF CATEGORY LAC Soft each station. m here and in line 2 of page		le,		0.00				
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe     Broadcast o space I).     Column 2: I at your option.     Column 3: I Column 4: I	e the call sign of each stand of the call sign of each stand of the condition of the call sign of the call s	itution for a prograi as shown by the le ork programs during number of live, no spond with the infor in the calendar ye in 2 by the figure in (For more informat	in that your systen tter "P" in column that optional carr innetwork programmation in space I ar: 365, except in column 3, and gi ion on rounding, s	n was permitted 7 of space I); an iage (as shown by as carried in substance a leap year. we the result in case page (viii) of	to delete under FCC rule d y the word "Yes" in column stitution for programs tha column 4. Round to no le the general instructions	2 of t were deleted ss than the third	orm).		
			BSTITUTE-BAS		1	ATION OF DSEs	T			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
				=			÷			
				=			÷	=		
		÷		=			÷	=		
		÷		=			÷ ÷	=		
	Add the DSEs of	OF SUBSTITUTE-BASI	IS STATIONS:	le,	▶	0.00				
5		ER OF DSEs: Give the am sapplicable to your system		es in parts 2, 3, and	I 4 of this schedul	le and add them to provid	e the tota			
Total Number	1. Number of	f DSEs from part 2●				<b>•</b>	0.00			
of DSEs		f DSEs from part 3 ●				<b>&gt;</b>	0.00			
	3. Number of	f DSEs from part 4 ●				<b>-</b>	0.00			
	TOTAL NUMBE	R OF DSEs					•	0.00		

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/1

LEGAL NAME OF C							S'	YSTEM ID# 1446	Name
Instructions: Blod In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	· emainder of p	·	7 of the DSE scho	edule blank aı	nd complete pa	art 8, (page 16) of	the	6
n your anower in	Tro, complete all			ELEVISION M	ARKETS				Computation of
		schedule—[	•					gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN									
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]  B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1)  C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)  D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).  E Carried pursuant to individual waiver of FCC rules (76.7)  *F A station previously carried on a part-time or substitute basis prior to June 25, 198′  G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)  M Retransmission of a distant multicast stream.									
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in columr			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule			1	-	
Line 2: Enter the	sum of permitte	ed DSEs from	m block B abo	ove			,	-	
Line 3: Subtract (If zero, I	line 2 from line 1 eave lines 4–7 b					rate.		0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter รเ	ım here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				x	<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, space	e L (page 7)			0.00	

Name	TDS Broadban								S	**************************************
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.  Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981  Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)  Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters  (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections						e enterer			
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ED C	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL	2. PRIC		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED
	SIGN	DSE	PI	ERIOD		CARRIAGE		DSE		DSE
		•								
<b>7</b> Computation of the		"Yes," comple	ete blocks B and C		part	t 8 of the DSE schedu	ule.			
Syndicated			BLOC	( A: MAJOR	TEI	LEVISION MARKI	ET			
Exclusivity Surcharge	• Is any portion of the	aabla avatam v	within a tan 100 mais	or tolovicion marl	kot c	as defined by section 7	6 5 of ECC	rulos in offost l	uno 24 -	10012
Surcharge	l <u>—</u> * · ·	•	, ,	n television man	Kel a			rules in effect J	une 24,	1901?
	Yes—Complete	DIOCKS D and	10.			X No—Proceed to	рап о			
	BLOCK B: C	arriage of VH	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	<b>,</b>
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places			n	Vas any station listed lity served by the cab o former FCC rule 76.	le system p			
	Yes—List each s  X No—Enter zero a	Yes—List each station below with its appropriate permitted DSE  X No—Enter zero and proceed to part 8.								
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	in I	DSE
			_							
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 1446	Name				
BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE							
Section 1	Enter the amount of gross receipts from space K (page 7)	553,794.49	7				
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the				
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated 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 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 DS	F					
	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)						
	B. Enter 0.00377 of gross receipts (the amount in section.1)						
	C. Subtract 1.000 from total permitted DSEs (the figure on line C 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 surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge						
Section 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.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge						
	SECTION 4: SECOND 50 TELEVISION MARKET						
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?						
Section 4a	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 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	E					
	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) and enter here						
	D. Multiply line B by line C and enter here						
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge						

Name			STEM ID#					
		TDS Broadband Service LLC	1446					
<b>7</b> Computation	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1)▶ \$						
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _\$						
Exclusivity 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	<u></u> .					
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions: nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. but answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below to the station? A station is "partially distant" if, at the time your system carried it, some of your subscribers 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.						
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• Did y	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 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (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.  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)	0.00					
		Base Rate Fee	<u></u> .					

EGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						
TDS E	TDS Broadband Service LLC 1446						
Section 4	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.	•					
7	A. Enter 0.01064 of gross receipts  (the amount in section 1) ▶\$	8					
	B. Enter 0.00701 of gross receipts (the amount in section 1)   ▶ \$	Computation of Base Rate Fee					
	C. Multiply line B by 3.000 and enter here <b>\$</b>	Dase Nate i ee					
	D. Enter 0.00330 of gross receipts  (the amount in section 1)						
	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>TANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9					
receipts	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	Computation of Base Rate Fee					
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.  : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge for					
also co	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 must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and					
	Identify a Subscriber Group for Partially Distant Stations: For each community served, determine the local service area of each wholly distant and each partially distant station you	for Partially Permitted					

carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside 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 same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- Give 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 subscribers in the group.
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
- 2) any 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, part 6 of this schedule.
- · Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- · Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 1446 **TDS Broadband Service LLC** 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. Step 3: 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 Step 1: 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.

LEGAL NAME OF OWNE						\$	SYSTEM ID#	Name
TDS Broadband S	ervice L	LG					1446	
В		COMPUTATION OF		TE FEES FOR EAC				
		SUBSCRIBER GROU	JP			SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA Estes Park, CO				COMMUNITY/ ARE	Α			_
	T	II	T			Computatio		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate F
								and
								Syndicate
								Exclusivity
								Surcharge
		-						for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 553	,794.49	Gross Receipts Sec	cond Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP					
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs		П	0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
o. soo i toooipia Tilliu (	oup	·	3.50	3.000 Noooipis i ou	Oroup	*	<u> </u>	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
				<u>  </u>				
Base Rate Fee: Add the Enter here and in block	ne <b>base rat</b> k 3, line 1, s	te fees for each subsc space L (page 7)	riber group	as shown in the boxe	s above.	\$	0.00	
						L		