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.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

# SA3E Long Form

Return completed workbook by email to:

#### coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY	THIS STATEMENT:			
Accounting Period	2020/1				
<b>B</b> Owner	Instructions:         Give the full legal name of the owner of the carate title of the subsidiary, not that of the parent condition.         List any other name or names under which the lift there were different owners during the accord a single statement of account and royalty fee pays         Check here if this is the system's first filing.	prporation the owner conducts the business of the cable s punting period, only the owner on the last day	system of the accounting period should	·	62990
	LEGAL NAME OF OWNER/MAILING ADDRES	S OF CABLE SYSTEM			
	TDS Broadband Service LLC				
	Baja Broadband				
				6299	020201
				62990	2020/1
	525 Junction Rd. Madison, WI 53717-2152				
С	<b>INSTRUCTIONS:</b> In line 1, give any business names already appear in space B. In line 2, g		. ,		
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 instruction	ons, see page 1b. Identify only the frst co	ommunity served below and re	elist on page	: 1b
Area	with all communities.				
Served		STATE			
First Community	MOORESVILLE	NC			
connunty	Below is a sample for reporting communitie		1	CLID	000#
	CITY OR TOWN (SAMPLE)	STATE MD	CH LINE UP	SUB	GRP#
Sample	Alliance	MD	B		2
	Gering	MD	B		3
Privacy Act Notice	e: Section 111 of title 17 of the United States Code authoriz	zes the Copyright Offce to collect the personally idea	ntifying information (PII) requested or	n th	
	cess your statement of account. PII is any personal information				
• •	ding PII, you are agreeing to the routine use of it to establish pared for the public. The effect of not providing the PII requi		•		

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.

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/25/2020

FORM	SA3E.	PAGE	1b.

FORM SA3E. PAGE 1b.				
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
TDS Broadband Service LLC			62990	
<b>Instructions:</b> List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporates and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first	orated communitie	es within unincorp you list will serve	orated	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	-	-	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. Íf levant community	you report any st with a subscriber	ations group,	
When reporting the carriage of television broadcast stations on a community-by-comm	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-
MOORESVILLE	NC	AA	1	First
DAVIDSON	NC	AA		
	4		1	Community
CORNELIUS	NC	AA	1	
HUNTERSVILLE	NC	AA	1	
				See instructions for
				additional information
				on alphabetization.
				Add rows as necessary.
	[			

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:								YSTEM ID	
Name	TDS Broadband Service	e LLC							6299	
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCR	IBERS AND R	ATES					
E	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									
Secondary Transmission	about other services (including p						those exist	ing on the		
Service: Sub-	last day of the accounting period Number of Subscribers: Bot						ble system	broken		
scribers and	<b>Number of Subscribers:</b> 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									
Rates	each category by counting the n							charged		
	separately for the particular server <b>Rate:</b> Give the standard rate of							no and the		
	unit in which it is generally billed									
	category, but do not include disc				ing otaniae		o manina			
	Block 1: In the left-hand block	t in space E, th	e form	lists the catego						
	systems most commonly provide									
	that applies to your system. <b>Not</b> categories, that person or entity									
	subscriber who pays extra for ca						•			
	first set" and would be counted of	once again und	er "Ser	vice to addition	al set(s)."					
	Block 2: If your cable system									
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in the	e ngnt-r			ee-word descript	ion of the s	Service is		
	BLOCK 1						BLOC			
		NO. OF SUBSCRIB		RATE	CAT			NO. OF SUBSCRIBERS	RATE	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RAIE	CAI	EGORY OF SE	RVICE	SUBSCRIBERS	RAIE	
	Service to first set		7,571	\$ 18.99						
	Service to additional set(s)		7,571	φ 10.33						
	• FM radio (if separate rate)									
	Motel, hotel		9	\$7.00-\$10.42						
	Commercial									
	Converter									
	Residential	1	0,038	\$6.99/Mo.						
	Non-residential									
	SERVICES OTHER THAN SEC	-			-			·····		
F	In General: Space F calls for ran not covered in space E, that is, t	· ·	,		•					
-	service for a single fee. There a									
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the un		usually	/ billed. If any ra	ates are c	harged on a vari	able per-p	rogram basis,		
Secondary ransmissions:	enter only the letters "PP" in the rate column.									
Rates	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									
	brief (two- or three-word) descri	ption and inclue	de the r	ate for each.			_			
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res	idential					
	<ul> <li>Pay cable</li> </ul>	\$ 12.91		otel, hotel		A0 A75 00				
	Dov ooble		•00	mmercial		\$0 - \$75.00				
	Pay cable—add'l channel     Eiro protoction		- D-	vooblo		1				
	Fire protection			y cable	onnel					
	<ul> <li>Fire protection</li> <li>Burglar protection</li> </ul>		•Pa	y cable-add'l cł	nannel					
	Fire protection     Burglar protection Installation: Residential	\$0 - \$49 95	• Pa • Fir	y cable-add'l ch e protection						
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	\$0 - \$49.95 \$0 - \$49.95	• Pa • Fir • Bu	y cable-add'l ch e protection rglar protection						
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	\$0 - \$49.95 \$0 - \$49.95	• Pa • Fir • Bu <b>Other</b>	y cable-add'l ch e protection rglar protection <b>services:</b>		\$0 - \$34 95				
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		•Pa •Fir •Bu <b>Other</b> •Re	y cable-add'l ch e protection rglar protection <b>services:</b> connect		\$0 - \$34.95				
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Pa • Fir • Bu <b>Other</b> • Re • Dis	y cable-add'l ch e protection rglar protection <b>services:</b> connect sconnect						
	<ul> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Pa • Fir • Bu <b>Other</b> • Re • Dis	y cable-add'l ch e protection rglar protection <b>services:</b> connect		\$0 - \$34.95 \$ 14.95				

Α	ACCOUNTING 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	RUCTIONS:								
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	corporate 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 the	re were different owners during the accounting period, only the owner on the last day of the accounting period should submit								
	a sin	gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE DAT/							
		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:	62!							
		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)	-							
	INCTO	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	-							
		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
с	names	aiready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
System	4	IDENTIFICATION OF CABLE SYSTEM:	1							
	1									
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rura' route, spannent, or suite number)								
		(City, Iown, state, zip code)								

Е	BLO						
-			1				
		NO. OF	DA75				
•	CATEGORY OF SERVICE	SUBSCRIBERS	RATE				
Secondary	Residential:						
Transmission	<ul> <li>Service to first set</li> </ul>	7,571	18.99				
Service: Sub-	<ul> <li>Service to additional set(s)</li> </ul>						
scribers and	FM radio (if separate rate)						
Rates	Motel, hotel	9	\$7.00-\$10.42				
	Commercial						
	Converter						
		10.000					
	Residential	10,038	\$6.99/Mo.				
	<ul> <li>Non-residential</li> </ul>						
			BLOCK 1				
	CATEGORY OF SERVICE	RATE	CATEGORY OF	SED //CE	DATE	-	
F		RATE			RATE	-	
Г	Continuing Services:		Installation: No				
	Pay cable	12.91		Motel, hotel			
Services	<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial	\$0 - \$75.00		
Other Than	Fire protection			Pay cable			
Secondary	•Burglar protection			<ul> <li>Pay cable-add'l channel</li> </ul>		<b>1</b>	
Transmissions:	Installation: Residential			Fire protection		· ·	
Rates	First set	\$0 - \$49.95		Burglar protection			
nates						••	
	<ul> <li>Additional set(s)</li> </ul>	\$0 - \$49.95	Other services:		4.5 4.5		
	<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$0 - \$34.95		
	Converter			Disconnect			
				Outlet relocation	14.95		
				<ul> <li>Move to new address</li> </ul>			
Channele	to its subscribers and (2) the cal	ble system's total n	umber of activa	ted channels, during the ac	counting period.		
Channels	<ol> <li>Is subscribers and (2) the call</li> <li>Enter the total number of cha system carried television broa</li> <li>Enter the total number of action on which the cable system car and nonbroadcast services.</li> </ol>	nnels on which the dcast stations vated channels ried television broa	cable	ted channels, during the ac	counting period.	26 	
Channels N Individual to Be Contacted	<ol> <li>Enter the total number of cha system carried television broa</li> <li>Enter the total number of action on which the cable system car</li> </ol>	nnels on which the dcast stations vated channels ried television broa	cable				
N Individual to	1. Enter the total number of cha system carried television broa     2. Enter the total number of acti on which the cable system car and nonbroadcast services     INDIVIDUAL TO BE CONTACT	nnels on which the dcast stations valed channels ried television broa <b>ED IF FURTHER I</b> nent of account.)	cable dcast stations				
N Individual to Be Contacted for Further	Enter the total number of cha system carried television broa     Enter the total number of acti on which the cable system car and nonbroadcast services     INDIVIDUAL TO BE CONTACT we can contact about this stater	nnels on which the dcast stations valed channels ried television broa ED IF FURTHER I nent of account.) Stephanie W 525 Junction	cable dcast stations NFORMATION eber Rd	IS NEEDED (Identify an in	dividual Telephone	130	
N Individual to Be Contacted for Further	I. Enter the total number of cha system carried television broa     Z. Enter the total number of acti on which the cable system car and nonbroadcast services     INDIVIDUAL TO BE CONTACT we can contact about this stater     Name	nnels on which the dcast stations vated channels ried television broa <b>TED IF FURTHER I</b> nent of account.) <b>Stephanie W</b> <b>S25 Junction</b> (Num Madison, WI	cable dcast stations NFORMATION eber Rd Der, street, rural n	IS NEEDED (Identify an in	dividual Telephone	130	
N Individual to Be Contacted for Further	I. Enter the total number of cha system carried television broa     Z. Enter the total number of acti on which the cable system car and nonbroadcast services     INDIVIDUAL TO BE CONTACT we can contact about this stater     Name	nnels on which the dcast stations vated channels ried television broa <b>TED IF FURTHER I</b> nent of account.) <b>Stephanie W</b> <b>S25 Junction</b> (Num Madison, WI	cable ideast stations NFORMATION eber Rd 53717 town, state, zip)	IS NEEDED (Identify an in	dividual Telephone	(608) 664-4721	
N Individual to Be Contacted for Further	I. Enter the total number of cha system carried television broa     Z. Enter the total number of acti on which the cable system car and nonbroadcast services     INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address	nnels on which the dcast stations vated channels ried television broa ED IF FURTHER I nent of account.) Stephanie Wo S25 Junction (Num Madison, WI (City, finance@tdsf of account must be be submitted with	cable  dcast stations  NFORMATION  eber  Rd  53717  town, state, zip) telecom.con  e certifed and si an electronic 7/	IS NEEDED (Identify an in oute, apartment, or suite numl n gned in accordance with C sr signature (e.g., /s/John	dividual Telephone Fax (optional)	(608) 664-4721	
N Individual to Be Contacted for Further Information	1. Enter the total number of cha system carried television broa     2. Enter the total number of acti on which the cable system car and nonbroadcast services     INDIVIDUAL TO BE CONTACT we can contact about this stater     Name Address     Email (optional)     CERTIFICATION (This statement Signature Space O – this form will	nnels on which the dcast stations vated channels ried television broa ED IF FURTHER I nent of account.) Stephanie Wo S25 Junction (Num Madison, WI (City, finance@tdsf of account must be be submitted with	cable  dcast stations  NFORMATION  eber  Rd  53717  town, state, zip) telecom.con  e certifed and si an electronic 7/	IS NEEDED (Identify an in oute, apartment, or suite num med in accordance with C s/r signature (e.g., Is/John in Space O of tab "page 8,	dividual Telephone Fax (optional)	(608) 664-4721	
N Individual to Be Contacted for Further Information	1. Enter the total number of cha system carried television broa     2. Enter the total number of acti on which the cable system car and nonbroadcast services     INDIVIDUAL TO BE CONTACT we can contact about this stater     Name Address     Email (optional)     CERTIFICATION (This statement Signature Space O – this form will	nnels on which the dcast stations vated channels ried television broa ED IF FURTHER I nent of account.) Stephanie Wo S25 Junction (Num Madison, WI (City, finance@tdsf of account must be be submitted with	cable  dcast stations  NFORMATION  eber  Rd  s37/17  telecom.con  cecertifed and si an electronic "/ signature box  Typed or prin  Title:	IS NEEDED (Identify an in oute, apartment, or suite num med in accordance with C s/r signature (e.g., Is/John in Space O of tab "page 8,	dividual Telephone Fax (optional) Fax (optional) Opyright Office reg Smith). Do not fo space M-O".	(608) 664-4721	

Total	Gross	Receipts
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# Subgroup Gross Receipts Total

\$ 1,724,391.96 ОК

\$

1,724,391.96

Subgroup		Subgroup/Community Name	G	ross Receipts
FIRST	1	Mooresville, NC	\$	1,724,391.96
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	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
WBTV-DT1	3.1	Ν	Charlotte, NC	0.250	
WBTV-DT2	3.2	N-M	Charlotte, NC	0.250	
WBTV-DT4	3.4	N-M	Charlotte, NC	0.250	
WTVI-DT1	42.1	Е	Charlotte, NC	0.250	
WTVI-DT2	42.2	E-M	Charlotte, NC	0.250	
WTVI-DT3	42.3	E-M	Charlotte, NC	0.250	
WCNC-DT1	36.1	Ν	Charlotte, NC	0.250	
WCNC-DT2	36.2	N-M	Charlotte, NC	0.250	
WCNC-DT3	36.3	N-M	Charlotte, NC	0.250	
WCNC-DT4	36.4	N-M	Charlotte, NC	0.250	
WJZY-DT1	46.1	Ν	Charlotte, NC	0.250	
WJZY-DT3	46.3	N-M	Charlotte, NC	0.250	
WSCO-DT1	9.1	Ν	Charlotte, NC	0.250	
WSCO-DT2	9.2	N-M	Charlotte, NC	0.250	
WMYT-DT1	55	I.	Charlotte, NC	1.000	
WAXN-DT1	64	I.	Kannapolis, NC	1.000	
WAXN-DT2	64.2	I-M	Kannapolis, NC	1.000	
WAXN-DT3	64.3	I-M	Kannapolis, NC	1.000	
WAXN-DT4	64.4	I-M	Kannapolis, NC	1.000	
WUNG-DT1	58.1	Е	Concord, NC	0.250	
WUNC-DT2	58.2	E-M	Concord, NC	0.250	
WUNC-DT3	58.3	E-M	Concord, NC	0.250	
WHKY-DT1	14.1	I.	Hickory, NC	1.000	
WHKY-DT2	14.2	I-M	Hickory, NC	1.000	
WHKY-DT3	14.3	I-M	Hickory, NC	1.000	
WHKY-DT4	14.4	I-M	Hickory, NC	1.000	
				#N/A	

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

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

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

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

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
TDS Broadband Service LLC	20201

**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.

As of 12/31/2019 TDS Broadband Service LLC (Baja Broadand) acquired MI-Connections Communication Systems.

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	d Service L	YSTEM: LC			SYSTEM ID# 62990	Name		
PRIMARY TRANSMITT	ERS: TELEVISIO							
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba <b>Substitute Basis</b>	system during tions in effect o 6.61(e)(2) and sis, as explaine <b>Stations:</b> With	the accountin on June 24, 19 (4), or 76.63 ed in the next respect to an	g period, excep 981, permitting (referring to 76. paragraph. y distant station	ot (1) stations can the carriage of ce 61(e)(2) and (4))]	ns and low power television stations) ried only on a part-time basis under rtain network programs [sections ; and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television		
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 other								
basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. <b>Column 1:</b> 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- ast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example								
WETA-simulcast).					ation for broadcasting over-the-air in			
	se. For exampl	e, WRC is Cl			s may be different from the channel			
Column 3: Indicate educational station, b (for independent mult	e in each case y entering the le icast), "E" (for r	whether the s etter "N" (for i noncommercia	network), "N-M" al educational),	(for network mult or "E-M" (for non	dependent station, or a noncommercial icast), "I" (for independent), "I-M" commercial educational multicast).			
	tation is outside	the local se	rvice area, (i.e.	"distant"), enter "Y	res". If not, enter "No". For an ex-			
	nave entered "Y	'es" in colum	n 4, you must co	omplete column 5	, stating the basis on which your			
carried the distant sta	tion on a part-ti	ime basis beo	ause of lack of	activated channe				
For the retransmis of a written agreemen	sion of a distan It entered into c	t multicast str on or before J	ream that is not une 30, 2009, b	subject to a royal between a cable s	ty payment because it is the subject ystem or an association representing			
the cable system and tion "E" (exempt). For	a primary trans simulcasts, als	smitter or an a so enter "E". I	association repr f you carried the	resenting the prim e channel on any	ary transmitter, enter the designa- other basis, enter "O." For a further			
explanation of these t Column 6: Give th	hree categories le location of ea	s, see page (v ach station. F	<ul> <li>of the genera or U.S. stations</li> </ul>	l instructions loca , list the commun	ted in the paper SA3 form. ity to which the station is licensed by the			
	Canadian station	ons, if any, gi	ve the name of	the community w	th which the station is identifed.			
	5	-	EL LINE-UP		·······			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)				
WBTV-DT1	3.1	N	No	( <u>_</u>	Charlotte, NC			
WBTV-DT2	3.2	N-M	No		Charlotte, NC	See instructions for		
WBTV-DT4	3.4	N-M	No		Charlotte, NC	additional information on alphabetization.		
WTVI-DT1	42.1	E	No		Charlotte, NC			
WTVI-DT2	42.2	E-M	No		Charlotte, NC			
WTVI-DT3	42.3	E-M	No		Charlotte, NC			
WCNC-DT1 WCNC-DT2	36.1	N	No		Charlotte, NC			
	26.2	NI M	No		Charlatta NC			
	36.2 36.3	N-M N-M	No No		Charlotte, NC Charlotte, NC			
WCNC-DT3	36.3	N-M	No		Charlotte, NC			
WCNC-DT3 WCNC-DT4	• • • • • • • • • • • • • • • • • • • •		No No		Charlotte, NC Charlotte, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1	36.3 36.4	N-M N-M	No		Charlotte, NC			
WCNC-DT2 WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT1	36.3 36.4 46.1	N-M N-M N	No No No		Charlotte, NC Charlotte, NC Charlotte, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT1	36.3 36.4 46.1 46.3	N-M N-M N-M	No No No No		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT1 WSCO-DT2	36.3 36.4 46.1 46.3 9.1	N-M N-M N N-M N	No No No No		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3	36.3 36.4 46.1 46.3 9.1 9.2	N-M N-M N N-M N	No No No No No		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT1 WSCO-DT2 WMYT-DT1 WAXN-DT1 WAXN-DT2	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2	N-M N-M N-M N-M I I I-M	No No No No No No No No		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT1 WSCO-DT2 WMYT-DT1 WAXN-DT1 WAXN-DT2 WAXN-DT3	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2 64.3	N-M N-M N-M I I I-M I-M	No No No No No No No No No		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT1 WSCO-DT2 WMYT-DT1 WAXN-DT1 WAXN-DT2 WAXN-DT3 WAXN-DT4	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2 64.3 64.4	N-M N-M N-M I I I-M I-M I-M	No No No No No No No No No No		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT1 WSCO-DT2 WMYT-DT1 WAXN-DT1 WAXN-DT1 WAXN-DT2 WAXN-DT3 WAXN-DT4 WUNG-DT1	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2 64.3 64.4 58.1	N-M N-M N-M I I I-M I-M I-M E	No No No No No No No No No No No No		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Concord, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT1 WSCO-DT2 WMYT-DT1 WAXN-DT1 WAXN-DT1 WAXN-DT2 WAXN-DT3 WAXN-DT4 WUNG-DT1 WUNC-DT2	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2 64.3 64.4 58.1 58.2	N-M N-M N-M I I I-M I-M I-M E E-M	No No No No No No No No No No No No		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Concord, NC Concord, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT1 WSCO-DT2 WMYT-DT1 WAXN-DT1 WAXN-DT1 WAXN-DT3 WAXN-DT3 WAXN-DT4 WUNG-DT1 WUNC-DT2 WUNC-DT3	36.3 36.4 46.1 9.1 9.2 55 64 64.2 64.3 64.4 58.1 58.2 58.3	N-M N-M N-M I I I-M I-M I-M E E-M E-M	No No No No No No No No No No No No No N		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Concord, NC Concord, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT1 WSCO-DT2 WMYT-DT1 WAXN-DT1 WAXN-DT1 WAXN-DT2 WAXN-DT3 WAXN-DT4 WUNG-DT1 WUNC-DT2 WUNC-DT3 WHKY-DT1	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2 64.3 64.4 58.1 58.2 58.3 14.1	N-M N-M N-M I I I-M I-M I-M E E-M E-M I	No No No No No No No No No No No No No N		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Concord, NC Concord, NC Concord, NC Hickory, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WSCO-DT1 WSCO-DT2 WMYT-DT1 WAXN-DT1 WAXN-DT2 WAXN-DT3 WAXN-DT4 WUNG-DT1 WUNC-DT2 WUNC-DT3 WHKY-DT1 WHKY-DT2	36.3 36.4 46.1 9.1 9.2 55 64 64.2 64.3 64.4 58.1 58.2 58.3	N-M N-M N-M I I I-M I-M I-M E E-M E-M	No No No No No No No No No No No No No N		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Concord, NC Concord, NC Concord, NC Hickory, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT2 WMYT-DT1 WASN-DT1 WAXN-DT1 WAXN-DT3 WAXN-DT3 WAXN-DT4 WUNG-DT1 WUNC-DT2 WUNC-DT3 WHKY-DT1 WHKY-DT3	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2 64.3 64.4 58.1 58.2 58.3 14.1 14.2	N-M N-M N-M I I I-M I-M E E-M E-M I I I-M	No No No No No No No No No No No No No N		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Concord, NC Concord, NC Concord, NC Hickory, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT2 WMYT-DT1 WASN-DT1 WAXN-DT1 WAXN-DT3 WAXN-DT3 WAXN-DT4 WUNG-DT1 WUNC-DT2 WUNC-DT3 WHKY-DT1 WHKY-DT3	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2 64.3 64.4 58.1 58.2 58.3 14.1 14.2 14.3	N-M N-M N-M I I I-M I-M I-M E E-M E-M I I I-M I-M	No No No No No No No No No No No No No N		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Concord, NC Concord, NC Concord, NC Hickory, NC Hickory, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT2 WMYT-DT1 WASN-DT1 WAXN-DT1 WAXN-DT3 WAXN-DT3 WAXN-DT4 WUNG-DT1 WUNC-DT2 WUNC-DT3 WHKY-DT1 WHKY-DT3	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2 64.3 64.4 58.1 58.2 58.3 14.1 14.2 14.3	N-M N-M N-M I I I-M I-M I-M E E-M E-M I I I-M I-M	No No No No No No No No No No No No No N		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Concord, NC Concord, NC Concord, NC Hickory, NC Hickory, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT2 WMYT-DT1 WASN-DT1 WAXN-DT1 WAXN-DT3 WAXN-DT3 WAXN-DT4 WUNG-DT1 WUNC-DT2 WUNC-DT3 WHKY-DT1 WHKY-DT3	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2 64.3 64.4 58.1 58.2 58.3 14.1 14.2 14.3	N-M N-M N-M I I I-M I-M I-M E E-M E-M I I I-M I-M	No No No No No No No No No No No No No N		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Concord, NC Concord, NC Concord, NC Hickory, NC Hickory, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT2 WMYT-DT1 WASN-DT1 WAXN-DT1 WAXN-DT3 WAXN-DT3 WAXN-DT4 WUNG-DT1 WUNC-DT2 WUNC-DT3 WHKY-DT1 WHKY-DT3	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2 64.3 64.4 58.1 58.2 58.3 14.1 14.2 14.3	N-M N-M N-M I I I-M I-M I-M E E-M E-M I I I-M I-M	No No No No No No No No No No No No No N		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Concord, NC Concord, NC Concord, NC Hickory, NC Hickory, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WSCO-DT1 WSCO-DT2 WMYT-DT1 WAXN-DT1 WAXN-DT3 WAXN-DT3 WAXN-DT4 WUNG-DT1 WUNC-DT2 WUNC-DT3 WHKY-DT1 WHKY-DT3	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2 64.3 64.4 58.1 58.2 58.3 14.1 14.2 14.3	N-M N-M N-M I I I-M I-M I-M E E-M E-M I I I-M I-M	No No No No No No No No No No No No No N		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Concord, NC Concord, NC Concord, NC Hickory, NC Hickory, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT2 WMYT-DT1 WASN-DT1 WAXN-DT1 WAXN-DT3 WAXN-DT3 WAXN-DT4 WUNG-DT1 WUNC-DT2 WUNC-DT3 WHKY-DT1 WHKY-DT3	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2 64.3 64.4 58.1 58.2 58.3 14.1 14.2 14.3	N-M N-M N-M I I I-M I-M I-M E E-M E-M I I I-M I-M	No No No No No No No No No No No No No N		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Concord, NC Concord, NC Concord, NC Hickory, NC Hickory, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT1 WSCO-DT2 WMYT-DT1 WAXN-DT1	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2 64.3 64.4 58.1 58.2 58.3 14.1 14.2 14.3	N-M N-M N-M I I I-M I-M I-M E E-M E-M I I I-M I-M	No No No No No No No No No No No No No N		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Concord, NC Concord, NC Concord, NC Hickory, NC Hickory, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT1 WSCO-DT2 WMYT-DT1 WAXN-DT1 WAXN-DT3 WAXN-DT3 WAXN-DT4 WUNG-DT1 WUNC-DT2 WUNC-DT3 WHKY-DT1 WHKY-DT3	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2 64.3 64.4 58.1 58.2 58.3 14.1 14.2 14.3	N-M N-M N-M I I I-M I-M I-M E E-M E-M I I I-M I-M	No No No No No No No No No No No No No N		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Concord, NC Concord, NC Concord, NC Hickory, NC Hickory, NC			
WCNC-DT3 WCNC-DT4 WJZY-DT1 WJZY-DT3 WSCO-DT1 WSCO-DT2 WMYT-DT1 WAXN-DT1 WAXN-DT3 WAXN-DT3 WAXN-DT4 WUNG-DT1 WUNC-DT2 WUNC-DT3 WHKY-DT1 WHKY-DT3	36.3 36.4 46.1 46.3 9.1 9.2 55 64 64.2 64.3 64.4 58.1 58.2 58.3 14.1 14.2 14.3	N-M N-M N-M I I I-M I-M I-M E E-M E-M I I I-M I-M	No No No No No No No No No No No No No N		Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Charlotte, NC Kannapolis, NC Kannapolis, NC Kannapolis, NC Concord, NC Concord, NC Concord, NC Hickory, NC Hickory, NC			

FORM SA3E. PAGE 3.

-	-	-	-	
LEGAL	NAME	OF	OWNER OF CABLE SY	STEM:
тпе	Bro	adh	and Service II	C

LEAL NAME OF OWERR OF CARLE SYSTEM:         SYSTEM ID# (TO B froadband Service LLC)         Name           PRIMARY TRANSMITTERS: TELEVISION         In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in reflect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(0/2) and (4). 76.61(e)(2) and (4), or 76.63 (refering 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 tasis under specife FCC rules, regulations, or authorizations.         G           • Do not list the station here, and also in space [, if the station was carried only on a substitute basis . For further information concerning substitute basis stations, see page (v) of the general instructions locatex in the page FA3 form.         G           • Do not list the space of the special Statement and Program Log)—If the station was carried only on a substitute basis station, see page (v) of the general instructions locatex in the page FA3 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 cocording to its over-the-air dissignation. For example, WRC is Channel 4 in Washington, D.C. This may be different form the channel on which your cable system carried the station is a network station, an independent station, or a noncommercia educational station, by entering the tetreTN" (for network), TNM" (for network multicast), F1 (or independent), T-M (for i
PRIMARY TRANSMITTERS: TELEVISION           In General: In space G, identify every television station (including translator stations carried only on a part-lime basis under system during the accounting period exceept (1) stations carried only on a part-lime basis under system during the accounting period exceept (1) stations carried only on a part-lime basis under system during the accounting period exceept (1) stations carried only on a part-lime basis under system contact stations carried on a substitute program basis, as explained in the next paragraph         Substitute program basis, as explained in the next paragraph           Substitute Dasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph         Substitute program basis, as explained in the next paragraph         But the station here, in a also in space 1, if the station was carried by your cable system on a substitute program basis. Suce supplication there is pace G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locater 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).         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, WFCA is charmel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.         Column 3: Indicate metring the strutins in terturing the carried presponent teal station on a
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carring of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph       Construction of the station section of the paragraph of the station scarried by your cable system on a substitute program basis, as explained in the next paragraph of the station here, and also in space (1) the space (1the Special Statement and Program Log)—if the station here in and also in space (1) the space (1the Special Statement and Program Log)—if the station here in a diso in space (1) the space (1the Special Statement and Program Log)—if the station here, and also in space (1) the space (1the Special Statement and Program Log)—if the station in a substitute 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. Identified and the station.       For the maxima system carried the station.         Column 2: Indicate in each case whether the FCC has assigned to the television station for broadcasting over-the-air ir its ommunity 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 Etter 'N' (
1. CALL     2. B'CAST     3. TYPE     4. DISTANT?     5. BASIS OF     6. LOCATION OF STATION       SIGN     OF     (Yes or No)     CARRIAGE     6. LOCATION OF STATION
1. CALL     2. B'CAST     3. TYPE     4. DISTANT?     5. BASIS OF     6. LOCATION OF STATION       SIGN     CHANNEL     OF     (Yes or No)     CARRIAGE     6. LOCATION OF STATION

Namo									FORM SASE. PAGE 4.			
TDS Broadband Service LLC       62299         H       PRIMARY TRANSMITTERS: RADIO       In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.         Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the 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).         CALL SIGN       AM or FM       S/D       LOCATION OF STATION       CALL SIGN       AM or FM       S/D       LOCATION OF STATION	N	LEGAL NAME OF	OWNER OF CABL	E SYSTE	M:				SYSTEM ID#			
HIn 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 Transmitters: RadioSpecial Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the 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 FMS/DLOCATION OF STATIONCALL SIGNAM or FMS/DLOCATION OF STATION	Name	TDS Broadb	and Servic	e LLC					62990			
HIn 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 Transmitters: RadioSpecial Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the 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 FMS/DLOCATION OF STATIONCALL SIGNAM or FMS/DLOCATION OF STATION			-									
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Column 2: State whether the station is AM or FM.         Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.         Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).         CALL SIGN       AM or FM       S/D       LOCATION OF STATION       CALL SIGN       AM or FM       S/D       LOCATION OF STATION		located in the p	aper SA3 form	1.								
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Mexican or Canadian stations, if any, the community with which the station is identified).         CALL SIGN       AM or FM       S/D       LOCATION OF STATION       CALL SIGN       AM or FM       S/D       LOCATION OF STATION									r.			
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION								or, in tr	ne case of			
		iviexican or Car	ladian stations	, ir any, i	the community with which the	station is identifie	ea).					
			AM or EM	S/D			AM or EM	S/D	LOCATION OF STATION			
NA       Image: Source of the section of		CALL SIGN		5/D	LOCATION OF STATION	CALL SIGN		5/D	LOCATION OF STATION			
		N/A										
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LEGAL NAME OF OWNER OF	CABLE SYST	FEM:				SYSTEM ID#	
TDS Broadband Servio	ce LLC					62990	Name
SUBSTITUTE CARRIAGE	E: SPECIA		IT AND PROGRAM LOG				I
I <b>n General:</b> In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or authorization	s. For a further	I Substitute
1. SPECIAL STATEMEN				s general moa			Carriage:
During the accounting per proadcast by a distant sta	iod, did you			s, any nonne	twork television progra		Special Statement and Program Log
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pag	je blank. If your answer is '	'Yes," you mι	ist complete the progr	am	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informat titles, for example, "I Love I <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes, stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the lett to delete under FCC rules a gram was substituted for pr	of every no distant stat gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static thadian static th and day ve "5/7." es when the Example: a er "R" if the and regulatic ogramming	nnetwork televi ion and that yo or authorizations it use general of A Basketball: dcast live, enter station broadca on's location (th ons, if any, the when your syst e substitute pro- a program carrie listed program ons in effect du	ision program (substitute p ur cable system substitute s. See page (vi) of the gen ategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N sting the substitute progra the community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:1 was substituted for progra ring the accounting period	d for the prog eral instructio "basketball". o." m. station is lice station is ider program. Use cable system. 5 p.m. to 6:2 mming that y c enter the let	ramming of another s ns located in the pape List specific program nsed by the FCC or, in ntified). numerals, with the m List the times accura 8:30 p.m. should be our system was requir ter "P" if the listed pro	tation er n onth tely red	
effect on October 19, 1976.					EN SUBSTITUTE		
S	UBSTITUT	E PROGRAM			IAGE OCCURRED	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. TIMES FROM — TO	DELETION	
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FORM SA3E. PAGE 5.

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ACCOUNTING PERIOD: 2020/1

FORM SA3E. PAGE 6.

Name	LEGAL NAME OF C								SYS	TEM ID# 62990
J Part-Time Carriage Log	<ul> <li>column 5 of space G.</li> <li>Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.</li> <li>Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."</li> <li>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."</li> <li>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."</li> </ul>									
			DATE	S AND HOURS	OF F	PART-TIME CAF	RRIAGE			
		WHEN	I CARRIAGE OCC	URRED			WHEN	I CARRIAGE O	CCURRI	ED
	CALL SIGN		HOL FROM			CALL SIGN	DATE		OURS	то
	N/A	DATE		TO			DATE	FROM		TO
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-	SA3E. PAGE 7.			
	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
TD	S Broadband Service LLC		62990	
Inst all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's seco identifed in space E) during the accounting period. For a further explanation of how to c e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ndary transmiss ompute this am	sion service	K Gross Receipts
Instru • Con • Con • If yo fee • If yo	<b>(RIGHT ROYALTY FEE</b> ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. nur system did not carry any distant television stations, leave block 3 blank. Enter the an from block 1 on line 1 of block 4, and calculate the total royalty fee. nur system did carry any distant television stations, you must complete the applicable pa pompanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
bloc	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.			
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e clow.	entered on line	2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	uld be entered o	on 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 fee system's gross receipts for the accounting period.			
	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.	\$	1,724,391.96	
	This is your minimum fee.	\$	18,347.53	
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 colum "Yes" in this block.         • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.         X	n 4, you must o od?	check	
Block 3	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	-	
	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 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	18,347.53	Cable systems
	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, enter zero.		0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	19,072.53	form for submitting the
	EFT Trace # or TRANSACTION ID #			additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta			

ACCOUNTING PERIOD:	2020/1
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ACCOUNTING PERI		FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 62990
	TDS Broadband Service LLC	62990
	CHANNELS	
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast	stations
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
onamicio	1. Enter the total number of channels on which the cable	26
	system carried television broadcast stations	26
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations	
	and nonbroadcast services	130
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
	we can contact about this statement of account.)	
Individual to Be Contacted		
for Further	Name Stephanie Weber Telephone	(608) 664-4721
Information	หลังและในแหล่งหลังและและและและและและและและและและและและและแ	<b>โ</b> ก้อีกกับเกิดสี่งหนึ่งหนึ่งหนึ่งหนึ่งหนึ่งหนึ่งหนึ่งหนึ
	Address 525 Junction Rd	
	(Number, street, rural route, apartment, or suite number)	
	Madison, WI 53717	
	(City, town, state, zip)	
	Email finance@tdstelecom.com Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office reg	ulations
0		
Certifcation	<ul> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	e system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as or in line 1 of space B.	wner of the cable system
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contain are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> </ul>	ed herein
	[18 U.S.C., Section 1001(1986)]	
	X /s/Sharon V. Tisdale	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.	
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus	
	Typed or printed name: Sharon V. Tisdale	
	Title: Assistant Treasurer	
	(Title of official position held in corporation or partnership)	
	Date: August 25, 2020	
Duine a la contra		
Frivacy Act Notice	:: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information that can be used to identify or trace on individual gueb as personal information that can be used to identify or trace on individual gueb as personal to the trace of the	

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and 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 Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in th 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
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FORM SA3E. PA	GE9
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LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 62990	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 fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	)-	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. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions		Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?		
YES. Enter the total here and list the satellite carrier(s) below		
Name     Name       Mailing Address     Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymen For an explanation of interest assessment, see page (viii) of the general instructions 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	-	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(interest char		
* 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.	9	
** 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.	I	
Owner Address		
First community served       Accounting period       ID number		
Driver Act Nation: Section 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information /DIN of		

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.

#### 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 carriec 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 LISTEE 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.	

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

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

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

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

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

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the 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 anc 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 nor 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 sys-

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules. 2) A station first carried after June 24, 1981, which could have been

carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

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

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

5) In the case of a station carried prior to June 25, 1981, on a part-tim∉ 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.

## DSE SCHEDULE. PAGE 11.

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

Determine whether any of the stations you carried were partially distantthat 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 DSF 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.

TOTAL DSEs

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

CITY

Santa Rosa

Rapid City

Fairvale

Bodega Bay

DSE

1.0

1.0

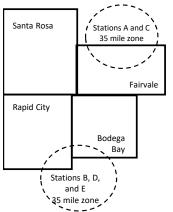
0.083

0.139

0.25

2 4 7 2

Distant Stations Carried STATION In most cases under current FCC rules, all of Fairvale would be within A (independent) B (independent) the local service area of both stations C (part-time) A and C and all of Rapid City and Bo-D (part-time) dega Bay would be within the local service areas of stations B, D, and E. E (network)



Minimum Fee Total Gross F	Receipts	\$600,000.00 <u>x</u> .01064 \$6,384.00				
First Subscriber Group		Second Subscriber Group		Third Subscriber Group		
(Santa Rosa)		(Rapid City and Bodega Bay)		(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	

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

SERVICE AREA OF

Stations B, D, and E

TOTAL GROSS RECEIPTS

Stations A, B, C, D , E

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

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

120,000.00

\$600.000.00

FROM SUBSCRIBERS

# DSE SCHEDULE. PAGE 11. (CONTINUED)

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEI											
1	TDS Broadband Service LLC 6299											
	SUM OF DSEs OF CATEGORY "O" STATIONS:         • Add the DSEs of each station.         Enter the sum here and in line 1 of part 5 of this schedule.         0.00											
0	Instructions:											
Computation	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 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"	CATEGORY "O" STATIONS: DSEs											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Add rows as												
necessary.												
Remember to copy												
all formula into new												
rows.												

	TDS Broadha	WNER OF CABLE SYSTEM						3	YSTEM I
		Ind Service LLC							629
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should co Column 3: Column 4: be carried out a Column 5: give the type-va Column 6:	t the call sign of all dis For each station, give orrespond with the info For each station, give Divide the figure in co at least to the third deo For each independen alue as ".25." Multiply the figure in o	e the number of ormation given a the total numl olumn 2 by the cimal point. Thi t station, give the column 4 by the	entified by "LAC" in col f hours your cable syst in space J. Calculate of per of hours that the sta figure in column 3, and is is the "basis of carria the "type-value" as "1.0 e figure in column 5, ar nore information on rou	em carried the sta only one DSE for ation broadcast of give the result in ge value" for the ." For each netwo nd give the result	ation during the a each station. ver the air during decimals in colu station. ork or noncomme in column 6. Rou	the accounti umn 4. This fi ercial education und to no less	ing period. igure must onal station, s than the	
Capacity			CATEGOR	Y LAC STATIONS			e		
	1. CALL SIGN	2. NUMB OF HC	ER )URS IED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAG VALUE	F 5	S. TYPE VALUE	6. DS	E
			÷		=	x		=	
			÷ ÷		=	x x		=	
			÷		=	x		=	
			÷			X			
			÷ ÷		=	x x		=	
			÷		=	x		=	
4	<ul> <li>Was carried to tions in effect</li> </ul>	by your system in sub at on October 19, 1976	station listed in stitution for a p	space I (page 5, the L rogram that your syste the letter "P" in columr	og of Substitute F m was permitted 1 7 of space I): an	to delete under F	-CC rules an		
Computation of DSEs for Substitute-	Column 1: Give • Was carried b tions in effec • Broadcast on space I). Column 2: Fe at your option. T Column 3: El Column 4: D	by your system in sub at on October 19, 1976 the or more live, nonnet or each station give th his figure should corr inter the number of da vivide the figure in colu	station listed in stitution for a p (as shown by work programs he number of lin espond with th ys in the calen imn 2 by the fit	space I (page 5, the L	og of Substitute F m was permitted n 7 of space I); an riage (as shown b ms carried in subs I. n a leap year. give the result in c	to delete under F Id y the word "Yes" in stitution for progr column 4. Round	station: FCC rules an n column 2 of rams that wer to no less tha	re deleted an the third	m).
Computation of DSEs for Substitute-	Column 1: Give • Was carried b tions in effec • Broadcast on space I). Column 2: Fe at your option. T Column 3: El Column 4: D	by your system in sub at on October 19, 1976 the or more live, nonnet or each station give th his figure should corr inter the number of da vivide the figure in colu his is the station's DSI	station listed in stitution for a p (as shown by work programs he number of lin espond with th ys in the calen imn 2 by the fig E (For more inf	space I (page 5, the L rogram that your syste the letter "P" in column during that optional car ve, nonnetwork program e information in space dar year: 365, except in jure in column 3, and c	og of Substitute F m was permitted n 7 of space I); an rriage (as shown b ms carried in subs I. n a leap year. jive the result in c see page (viii) of	to delete under F Id y the word "Yes" in stitution for progr column 4. Round the general instr	station: FCC rules an n column 2 of rams that wer to no less tha uctions in the	re deleted an the third	m).
Computation of DSEs for Substitute-	Column 1: Give • Was carried to tions in effec • Broadcast on space I). Column 2: Fe at your option. The Column 3: El Column 4: D decimal point. The	by your system in sub at on October 19, 1976 the or more live, nonnet or each station give th his figure should corr inter the number of da vivide the figure in colu his is the station's DSI	station listed in stitution for a p (as shown by work programs he number of lin espond with th ys in the calen imn 2 by the fig E (For more inf	space I (page 5, the L rogram that your syste the letter "P" in columr during that optional car e information in space dar year: 365, except in gure in column 3, and g formation on rounding, E-BASIS STATION BER 4. DSE	og of Substitute F m was permitted n 7 of space I); an rriage (as shown b ms carried in subs I. n a leap year. jive the result in c see page (viii) of	to delete under F Id y the word "Yes" in stitution for progr column 4. Round the general instr	station: FCC rules an n column 2 of ams that wer to no less tha uctions in the BES ER	re deleted an the third	-
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Computation of DSEs for Substitute-	Column 1: Give • Was carried to tions in effec • Broadcast on space I). Column 2: Fo at your option. Th Column 3: En Column 4: D decimal point. Th 1. CALL SIGN SUM OF DSEs of Add the DSEs of	by your system in sub t on October 19, 1976 he or more live, nonnet or each station give th 'his figure should corr inter the number of da ivide the figure in colu his is the station's DSI 2. NUMBER OF PROGRAMS OF PROGRAMS	station listed in stitution for a p 3 (as shown by work programs he number of lin espond with th ys in the calen umn 2 by the fig E (For more inf UBSTITUTE 3. NUME OF DA IN YEA + + + + + SIS STATION	space I (page 5, the L rogram that your syste the letter "P" in columr during that optional car e information in space dar year: 365, except in yure in column 3, and g ormation on rounding, <u>-BASIS STATION BER 4. DSE YS AR = = = = = = =</u>	og of Substitute F m was permitted n 7 of space I); an rriage (as shown b ms carried in subs I. n a leap year. give the result in c see page (viii) of NS: COMPUTA 1. CALL SIGN	to delete under F id y the word "Yes" in stitution for progr column 4. Round the general instr ATION OF DS 0F	station: =CC rules an n column 2 of ams that wer to no less that uctions in the SES ER \$ RAMS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	re deleted an the third e paper SA3 for 3. NUMBER OF DAYS IN YEAR	4. DS = = = =
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	OWNER OF CABLE nd Service LL(						S	YSTEM ID# 62990	Name
Instructions: Blo	ck A must be com	pleted.							
	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank a	nd complete p	art 8, (page 16) of	the	6
<ul> <li>If your answer if</li> </ul>	"No," complete blo								
			BLOCK A: T	ELEVISION M	ARKETS				Computation of 3.75 Fee
effect on June 24								gulations in	
	plete part 8 of the		DO NOT COM	PLETE THE REM	AINDER OF F	PART 6 AND 7	/		
	plete blocks B and	C below.							-
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation The DSE Sche	ons prior to Jui dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	ation of permit	ted stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)]	ules and regu ed pursuant f	lations cited be to the FCC ma	sis on which you o elow pertain to tho rket quota rules [7	ose in effect o 6.57, 76.59(b	n June 24, 198 ), 76.61(b)(c),	76.63(a) referring	y tc	
	C Noncommeric D Grandfathered instructions fo E Carried pursu *F A station pre G Commercial U	al educationa d station (76.) or DSE sched ant to individu viously carrie JHF station w	al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tin <i>i</i> thin grade-B o	ne or substitute ba contour, [76.59(d)(	63(a) referrin bstitution of g sis prior to Ju	g to 76.61(d) randfathered s ine 25, 1981	stations in the	(5)	
Column 3:		each distant : e stations ide	station listed ir ntified by the l	parts 2, 3, and 4 etter "F" in column			worksheet on pag	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 OF	= 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule				-	
Line 2: Enter the	e sum of permitte	ed DSEs from	m block B abo	ove				-	
	line 2 from line 1 leave lines 4–7 b					i rate.		0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply	line 4 by 0.0375	and enter su	um here						partially permited/ partially
Line 6: Enter tot	al number of DS	Es from line	3				х	_	nonpermitted carriage? If yes, see part
			J						9 instructions.
Line 7: Multiply	line 6 by line 5 ai	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

ACCOUNTING PERIOD: 2020/1

	1							[	SE SCHEDULE		
Name	LEGAL NAME OF OWN		EM:							EM ID#	
Name	TDS Broadbane	d Service LLC								62990	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	<ul> <li>Instructions: You must complete this worksheet for those stations identifed 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.</li> <li>Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule</li> <li>Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981</li> <li>Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)</li> <li>Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters</li> <li>(Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.</li> <li>A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).</li> <li>B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).</li> <li>S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.</li> <li>Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule</li> <li>Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be enterer in block B, column 3 of part 6 for this station.</li> <li>IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verifcation from the designated statement of account on fle in the Licensing Division.</li> </ul>										
	1 0 4 1					A PART-TIME AN	1				
	1. CALL SIGN	2. PRIOR DSE		COUNTING ERIOD		. BASIS OF CARRIAGE		RESENT DSE	6. PERM DSI		
	SIGN	DSE	PI	ERIOD	(	JARRIAGE	1	DSE	DSt	-	
7 Computation of the Syndicated	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET										
Exclusivity											
Surcharge	<ul> <li>Is any portion of the of</li> </ul>	cable system within a	top 100 majo	or television marl	ket as c	lefned by section 7	6.5 of FCC	rules in effect J	une 24, 1981	?	
	Yes—Complete	blocks B and C .			X No—Proceed to part 8						
	BLOCK B: C	arriage of VHF/Grad	e B Contour	Stations	BLOCK C: Computation of Exempt DSEs						
	Is any station listed in commercial VHF stati or in part, over the ca	Was any station listed in block B of part 7 carried in any commu- nity served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159)				e					
	Yes—List each s	tation below with its ap and proceed to part 8.	propriate peri	mitted DSE	Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8.				ISE		
	CALL SIGN	DSE C	ALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N [	DSE	
								-			
		т	)TAL DSEs	0.00			• •	TOTAL DS	Es	0.00	
				5.00							

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 62990	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,724,391.96	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the 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?     Yes—Complete part 9 of this schedule.     XNo—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 D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	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	Yes—Complete part 9 of this schedule. X 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 D 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)	SE	
	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		

	LEGAL NAM	DSE SCHEDULE. ME OF OWNER OF CABLE SYSTEM: SYS	PAGE 16.			
Name		TDS Broadband Service LLC	62990			
7 Computation of the Syndicated	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)				
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)       ▶				
<b>8</b> Computation of Base Rate Fee	Syndicated Exclusivity Surcharge.       ▶         Instructions:       You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.         • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.         • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.         • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.         What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.					
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS         • Did your cable system retransmit the signals of any partially distant television stations during the accounting period?         X       Yes—Complete part 9 of this schedule.         BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE					
	1 Section 2 Section 3	Enter the amount of gross receipts from space K (page 7)				
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00			

#### DSE SCHEDULE. PAGE 17.

		SYSTEM ID# 62990	Name			
1031	Broadband Service LLC	02990				
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.					
4	A. Enter 0.01064 of gross receipts (the amount in section 1) <b>▶</b>		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	_	Dase Nale 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 broadcas	0				
Space	l be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel G.	line-ups in	9			
receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, s from subscribers located within the station's local service area, from your system's total gross receipts. To take ad		Computation of			
	on, you must:		Base Rate Fee and			
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine t and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	he number of	Syndicated Exclusivity Surcharge			
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in p mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B bel cable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and			
Step 1	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 stati to that community.	on you	for Partially Permitted Stations			
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.)						
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. If ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.					
Compu groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste	em's subscriber				
- ·	section:					
• Give subscri	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the				
<ul> <li>If:</li> <li>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,</li> </ul>						
<ul> <li>a) 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.</li> </ul>						
• 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.						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM II
Name	TDS Broadband Service LLC	6299
	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. <b>Step 3:</b> Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	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.	

FORM SA3E. PA
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LEGAL NAME OF OWNE						SY	STEM ID# 62990	Name
B				TE FEES FOR EACH				
FIRST SUBSCRIBER GROUP					SECOND	SUBSCRIBER GROUP	2	9
COMMUNITY/ AREA Mooresville, NC								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
		-						Surcharge
								for
						-		Partially
								Distant Stations
		-						otations
Total DSEs	-		0.00	Total DSEs	4		0.00	
Gross Receipts First G	roup	<u>\$</u> 1,724,	391.96	Gross Receipts Secon	ld Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	THIRD	SUBSCRIBER GROU		FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		<b>_</b>				I		
Total DSEs 0.00		0.00	Total DSEs			0.00		
Gross Receipts Third Group \$		\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Group		\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	ne base rat	<b>e fees</b> for each subscr	iber group a	as shown in the boxes a	bove.			
Enter here and in block 3, line 1, space L (page 7)						\$	0.00	