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 Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submi a single statement of account and royalty fee payment covering the entire accounting perioa Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	TDS Broadband Service LLC						
	Bend Broadband						
				728	020201		
				7280	2020/1		
	525 Junction Rd. Madison, WI 53717-2152						
С	INSTRUCTIONS: In line 1, give any business or trade names used to i						
0	names already appear in space B. In line 2, give the mailing address of	f the system, if diffe	rent from the address give	n in space	В.		
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	unity served below and reli	ist on page	e 1b		
Area	with all communities.						
Served	CITY OR TOWN	STATE					
First	Bend	OR					
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in Sp	ace G.				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	3 GRP#		
Sample	Alda	MD	A		1		
•	Alliance	MD	В		2		
	Gering	MD	В		3		
form in order to pro- numbers. By provid search reports prep	: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect cess your statement of account. PII is any personal information that can be used to identify ing PII, you are agreeing to the routine use of it to establish and maintain a public record, v ared for the public. The effect of not providing the PII requested is that it may delay proces is statements of account, and it may affect the legal sufficiency of the fling, a determination t	or trace an individual, s which includes appearing sing of your statement c	uch as name, address and teleph g in the Offce's public indexes and f account and its placement in the	one I in			

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/25/2020

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
TDS Broadband Service LLC			7280	
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorpor areas 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 communiti t community that	es within unincorp you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	e parks should be	e reported in pare	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 red designated by a number (based on your reporting from Part 9).	e column blank. İf	f you report any st	ations	
When reporting the carriage of television broadcast stations on a community-by-community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#]
Bend	OR	AA	1	First
Sisters	OR	AA	1	Community
Redmond	OR	AA	1	
Sunriver	OR	AA	1	
Caldera Springs	OR	AA	1	
Black Butte Ranch	OR	AA	1	See instructions for
Unincorporated Deschutes County	OR	AA	1	additional information
				on alphabetization.
				Add rows as necessary.
				,

	LEGAL NAME OF OWNER OF CABL	_E SYSTEM:										TEM ID
Name	TDS Broadband Service	e LLC										728
	SECONDARY TRANSMISSION		IBSCR	IBERS AND R	ΔΤΙ	FS						
E	In General: The information in s			-		-	r transmis	sion s	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 pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).											
Service: Sub-		Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers and	down by categories of secondar											
Rates	each category by counting the n									s charged		
	separately for the particular serv Rate: Give the standard rate of									ne and the		
	unit in which it is generally billed											
	category, but do not include disc											
	Block 1: In the left-hand block systems most commonly provide											
	that applies to your system. Not											
	categories, that person or entity											
	subscriber who pays extra for ca						in the cou	int un	ider "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system						service th	at are	different f	rom those		
	printed in block 1 (for example, t											
	with the number of subscribers a											
	sufficient. BLOCK 1				Т				BLOC	`К 2		
		NO. OF	:		+				DLOC	NO. OF	Т	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE		CATE	GORY O	F SEF	RVICE	SUBSCRIBERS		RATE
	Residential:											
	Service to first set	3	1,278	\$ 25.00								
	Service to additional set(s)											
	• FM radio (if separate rate) Motel, hotel		2 164	16.88-\$23.32								
	Commercial		2,104	10.00-\$23.32								
	Converter											
	Residential	4	5,709	6/Mo.								
	Non-residential											
	SERVICES OTHER THAN SEC					aat ta all	vour oob		tom'a con	viene that wore		
F	In General: Space F calls for ra not covered in space E, that is, t											
	service for a single fee. There are											
Services	furnished at cost or (2) services											
Other Than Secondary	amount of the charge and the ur		usually	billed. If any ra	ates	s are cha	arged on a	a varia	able per-p	rogram basis,		
Transmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not											
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a											
						ed. List t	hese othe	r serv		e ionn or a		
	listed in block 1 and for which a brief (two- or three-word) descrip	ption and inclue	de the ra			ed. List t	hese othe	r serv				
	brief (two- or three-word) descrip	ption and includ BLO	de the ra	ate for each.	ishe					BLOCK 2		DATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclue	de the ra CK 1 CATEC	ate for each. GORY OF SER	ishe RVIC	Œ	hese othe					RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and inclue BLO RATE	de the ra CK 1 CATEC	ate for each. GORY OF SER ation: Non-res	ishe RVIC	Œ				BLOCK 2		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and includ BLO	de the ra CK 1 CATEC Install	ate for each. GORY OF SER	ishe RVIC	Œ				BLOCK 2		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and inclue BLO RATE	de the ra CK 1 CATEC Install • Mo • Co	ate for each. GORY OF SER ation: Non-res	ishe RVIC	Œ	RATE			BLOCK 2		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	ption and inclue BLO RATE	CK 1 CATEC Install • Mo • Co • Pa	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial	ISHE RVIC	CE ential	RATE			BLOCK 2		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and inclue BLO RATE	CK 1 CATEC Install • Mo • Co • Pa • Pa	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable	ISHE RVIC	CE ential	RATE			BLOCK 2		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	ption and inclue BLO RATE	CK 1 CATEC Install • Mo • Co • Pa • Pa • Fir	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl	<u>RVIC</u> side	CE ential	RATE			BLOCK 2		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	ption and inclue BLO RATE 9.99-19.99	de the ra CK 1 CATEC Install • Mo • Co • Pa • Pa • Firr • Bu Other	ate for each. <u>GORY OF SER</u> ation: Non-reso otel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	<u>RVIC</u> side	CE ential	RATE			BLOCK 2		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	0-49.95	de the ra CK 1 CATE(Install • Mo • Co • Pa • Pa • Fird • Bu Other • Re	ate for each. <u>GORY OF SER</u> ation: Non-reso otel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	<u>RVIC</u> side	CE ential	RATE \$0-\$99			BLOCK 2		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	0-49.95	de the ra CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu • Bu • Bu • Cher • Re • Dis	ate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect sconnect	<u>RVIC</u> side	CE ential	RATE \$0-\$99	.95 -25		BLOCK 2		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	0-49.95	de the ra CK 1 CATEC Install • Mo • Co • Pa • Pa • Fird • Bu • Bu • Bu • Bu • Bu • Bu • Co • Dis • Co	ate for each. <u>GORY OF SER</u> ation: Non-reso otel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	k k han	DE ential	RATE \$0-\$99	.95 -25		BLOCK 2		RATE

Α	ACCOUNTING PERIOD O	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	UCTIONS:	1					
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 corporate title of the subsidiary, not that of the parent corporation.							
Owner								
	In line 2, list any other names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit							
	a 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. 7280	Filing Period					
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	7:					
		TDS Broadband Service LLC						
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):						
		Bend 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	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	-					
С	names	already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, streed, fural route, spärtment, or sulle number)						
		(Chy, Iown, state, zp code)						

	BLO	CK 1					
E	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE				
Secondary	Residential:						
Transmission	 Service to first set 	31,278	25.00				
Service: Sub-	 Service to additional set(s) 		ļ				
scribers and	 FM radio (if separate rate) 						
Rates	Motel, hotel	2,164	\$16.88-\$23.3	2			
	Commercial						
	Converter						
	Residential	45,709	6/Mo.				
	Non-residential						
			BLOCK 1			7	
	CATEGORY OF SERVICE	RATE	CATEGORY OF	SERVICE	RATE	-	
F	Continuing Services:	NAIL	Installation: No		INALE	-	
-	Pay cable	9.99-19.99		Motel, hotel			
Services	Pay cable—add'l channel		1	Commercial	\$0-\$99.95		
Other Than	Fire protection		1	Pay cable			
Secondary	•Burglar protection		1	Pay cable-add'l channel		`	
Transmissions:	Installation: Residential		1	Fire protection		`	
Rates	First set	0-49.95	1	Burglar protection		`	
	 Additional set(s) 	0-49.95	Other services:	•			
	• FM radio (if separate rate)		1	Reconnect	0-25		
	Converter		1	Disconnect			
			1	Outlet relocation	19.98-39.96		
		1	1	 Move to new address 			
			L			1	
Channels	to its subscribers and (2) the ca 1. Enter the total number of cha system carried television broa	nnels on which the	cable	ted channels, during the ac	counting period.	8	
Channels		nnels on which the dcast stations vated channels ried television broa	cable		counting period.	8	
N Individual to	 Enter the total number of cha system carried television broa Enter the total number of acti on which the cable system ca 	nnels on which the dcast stations vated channels rried television broa	cable				
N	Enter the total number of cha system carried television broa Enter the total number of action which the cable system ca and nonbroadcast services INDIVIDUAL TO BE CONTACT	nnels on which the dcast stations vated channels rried television broz TED IF FURTHER ment of account.)	cable adcast stations NFORMATION		Jividual		
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 ca and nonbroadcast services . INDIVIDUAL TO BE CONTACT we can contact about this stated	nnels on which the dcast stations vated channels rried television broz TED IF FURTHER ment of account.) Stephanie W 525 Junction	cable adcast stations NFORMATION eber Rd	IS NEEDED (Identify an inc	Jividual	337	
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 ca and nonbroadcast services . INDIVIDUAL TO BE CONTACT we can contact about this stated Name	nnels on which the dcast stations vated channels rried television broa FED IF FURTHER I ment of account.) Stephanie W S25 Junction (Num Madison, WI	cable adcast stations NFORMATION eber Rd 53717	IS NEEDED (Identify an inc	Jividual	337	
N Individual to Be Contacted for Further	Enter the total number of cha system carried television broa Enter the total number of action on which the cable system ca and nonbroadcast services . INDIVIDUAL TO BE CONTACT we can contact about this states Name Address	nnels on which the dcast stations vated channels rried television broz TED IF FURTHER ment of account.) Stephanie W 525 Junction (Num Madison, WI (City,	cable adcast stations NFORMATION eber Rd ber, street, rural r 53717 town, state, zip)	IS NEEDED (Identify an inc	lividual Telephone	337	
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 ca and nonbroadcast services . INDIVIDUAL TO BE CONTACT we can contact about this stated Name	nnels on which the dcast stations vated channels rried television broa FED IF FURTHER I ment of account.) Stephanie W S25 Junction (Num Madison, WI	cable adcast stations NFORMATION eber Rd ber, street, rural r 53717 town, state, zip)	IS NEEDED (Identify an inc	Jividual	337	
N Individual to Be Contacted for Further	Enter the total number of cha system carried television broa Enter the total number of action on which the cable system ca and nonbroadcast services . INDIVIDUAL TO BE CONTACT we can contact about this states Name Address	nnels on which the dcast stations vated channels rried television broa TED IF FURTHER I nent of account.) Stephanie W 525 Junction (Num Madison, WI (City, finance@tds of account must b b e submitted with	cable adcast stations NFORMATION eber Rd ber, street, rural r S3717 fown, state, zp) telecom.con e certifed and s an electronic 7	IS NEEDED (Identify an inc oute, apartment, or suite numb n n gned in accordance with Cc syr signature (e.g., /s/John	jividual Telephone er) Fax (optional)	(608) 664-4721	
N Individual to Be Contacted for Further Information	I. Enter the total number of cha system carried television broa Z. Enter the total number of acti on which the cable system ca and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stated Name Address Email (optional) CERTIFICATION (This statement) Signature Space O – this form with the statement	nnels on which the dcast stations vated channels rried television broa TED IF FURTHER I nent of account.) Stephanie W 525 Junction (Num Madison, WI (City, finance@tds of account must b b e submitted with	cable adcast stations NFORMATION eber Rd ber, street, rural r S3717 fown, state, zp) telecom.con e certifed and s an electronic 7	IS NEEDED (Identify an inc oute, apartment, or suite numb n gned in accordance with Cc s/r signature (e.g., /s/John in Space O of tab "page 8, t	jividual Telephone er) Fax (optional)	(608) 664-4721	
N Individual to Be Contacted for Further Information	I. Enter the total number of cha system carried television broa Z. Enter the total number of acti on which the cable system ca and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stated Name Address Email (optional) CERTIFICATION (This statement) Signature Space O – this form with the statement	nnels on which the dcast stations vated channels rried television broa TED IF FURTHER I nent of account.) Stephanie W 525 Junction (Num Madison, WI (City, finance@tds of account must b b e submitted with	cable Adcast stations NFORMATION eber Rd ber, street, rural r 53717 town, state, zip) telecom.con a n electronic 7, a signature box Typed or prin Title:	IS NEEDED (Identify an ind oute, apartment, or suite numb in igned in accordance with Cc Sr [*] signature (e.g., /s/John in Space O of tab "page 8, s ited name: Sharon	Jividual Telephone er) Fax (optional) pyyright Office reg space M-O'. V. Tisdale	(608) 664-4721 (608) respectively (608) (604-4721) (1000 - 10000 - 1000	
N Individual to Be Contacted for Further Information	I. Enter the total number of cha system carried television broa Z. Enter the total number of acti on which the cable system ca and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stated Name Address Email (optional) CERTIFICATION (This statement) Signature Space O – this form with the statement	nnels on which the dcast stations vated channels rried television broa TED IF FURTHER I nent of account.) Stephanie W 525 Junction (Num Madison, WI (City, finance@tds of account must b b e submitted with	cable Adcast stations NFORMATION eber Rd ber, street, rural r 53717 town, state, zip) telecom.con a n electronic 7, a signature box Typed or prin Title:	IS NEEDED (Identify an inc oute, apartment, or suite numb n gned in accordance with Cc s/r signature (e.g., /s/John in Space O of tab "page 8, s ted name: Sharon Assistant Treasurer of official position held in corpor	jividual Telephone er) Fax (optional) pyright Office reg space M-O". V. Tisdale alion or partnership)	(608) 664-4721 (608) respectively (608) (604-4721) (1000 - 10000 - 1000	

Total Gross Receipts

\$ 8,058,162.64 OK

\$

Subgroup Gross Receipts Total

8,058,162.64

Subgroup	Subgroup/Community Name	Gross Receipts
FIRST 1	Bend, OR	\$ 8,058,162.64
SECOND 2		\$ -
THIRD 3		
FOURTH 4		
FIFTH 5		
SIXTH 6		
SEVENTH 7		
EIGHTH 8		
NINTH S		
TENTH 1	<mark>)</mark>	
ELEVENTH 1	1	
TWELVTH 1	2	
THIRTEENTH 1	3	
FOURTEENTH 1	4	
FIFTEENTH 1	5	
SIXTEENTH 1	5	
SEVENTEENTH 1	7	
EIGHTEENTH 1	3	
NINTEENTH 1	9	
TWENTIETH 2		
TWENTY-FIRST 2	1	
TWENTY-SECOND 2	2	
TWENTY-THIRD 2	3	
TWENTY-FOURTH 2	1	
TWENTY-FIFTH 2	5	
TWENTY-SIXTH 2	6	
TWENTY-SEVENTH 2	7	
TWENTY-EIGHTH 2	3	
TWENTY-NINTH 2)	
THIRTIETH 3		
THIRTY-FIRST 3	1	
THIRTY-SECOND 3		
THIRTY-THIRD 3	3	
THIRTY-FOURTH 3	1	
THIRTY-FIFTH 3	5	
THIRTY-SIXTH 3		
THIRTY-SEVENTH 3	7	
THIRTY-EIGHTH 3	3	
THIRTY-NINTH 3		
FORTIETH 4)	

	2. B'cast Channel	3. Type of			Space G Basis of
1. Call Sign	Number	Station	6. Location of Station	DSE	Carriage
KOHD	51.1	N	Bend, OR	0.250	
KBNZ-LD	7.1	N	Bend, OR	0.250	
KFXO	39.1	I	Bend, OR	1.000	
KTVZ	21.1	N	Bend, OR	0.250	
KTVZ-DT2	21.2	N-M	Bend, OR	0.250	
K45KM	45.1	I.	Bend, OR	1.000	
КОАВ	3.1	Е	Bend, OR	0.250	
KOAB-DT3	3.3	E-M	Bend, OR	0.250	
				#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	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#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	
			#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	
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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	
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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	

	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	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	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	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	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	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

	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	
			#N/A	
			, #N/A	
			#N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A #N/A	
			#N/A	
			#N/A	
			, #N/A	
			, #N/A	
			#N/A	

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

SYSTEM ID#

20201

LEGAL	NAME OF	OWNER	OF CABLE	SYSTEM:

TDS Broadband Service LLC

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

	[

					ACCOUNT	ING PERIOD: 2020/
FORM SA3E. PAGE 3. LEGAL NAME OF OW	NER OF CABLE S	YSTEM:			SYSTEM ID#	
TDS Broadban					7280	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
PRIMARY TRANSMITT In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba Substitute program ba Substitute program ba Substitute program ba satis under specifc F • Do not list the statio station was carried • List the station here basis. For further i in the paper SA3 ft Column 1: List ea each multicast strean cast stream as "WET. WETA-simulcast). Column 2: Give tt its community of licen on which your cable s Column 3: Indicat educational station, b (for independent mult For the meaning of th Column 5: If you I cable system carried carried the distant sta For the retransmis of a written agreemer the cable system and tion "E" (exempt). For explanation of these I	ERS: TELEVISIC G, identify ever system during ' tions in effect o 6.61(e)(2) and sis, as explain Stations: With here in space only on a subs- ond also in sp. formation con- ord, and also in sp. formation con- ord, and also in sp. formation con- ord, station's call a associated with A-2". Simulcast e channel num se. For exampl system carried t e in each case to entered "Y settor is, sutside fice area, see p have entered "Y avant entered "A sisti on on a part-ti sist on f a distan simulcasts, als here categories	DN ry television s the accountin in June 24, 11 (4), or 76.63 ad in the next respect to an ations, or aut to G—but do li stitute basis. cerning subst l sign. Do not th a station ar streams mus ber the FCC le, WRC is Cl he station. whether the s etter "N" (for noncommerci: page (v) of the fes" in column in column to duiticast sti no no before J smitter or an iso enter "E". 1	g period, excep g81, pernitting 1 (referring to 76. paragraph, y distant station horizations: st it in space 1 (t tation was carrie itute basis statio report originatic ccording to its o st be reported in has assigned to annel 4 in Was station is a netw etwork), "N-M" al educational), e general instruct a 4, ocounting per cause of lack of ream that is not une 30, 2009, b association repr f you carried the /) of the general	it (1) stations can the carriage of ce 61(e)(2) and (4))] is carried by your he Special Stater ed both on a subs ons, see page (v) on program servic ver-the-air design column 1 (list ea the television sta- hington, D.C. Thi ork station, an in for network mult or "E-M" (for nom cutions located in to mole tocidant by eactivated channe subject to a royal etween a cable s esenting the prim channel on any channel on any	Yes". If not, enter "No". For an ex- he paper SA3 form. , stating the basis on which your ntering "LAC" if your cable system I capacity. Ity payment because it is the subject ystem or an association representing ary transmitter, enter the designa- other basis, enter "O." For a further ted in the paper SA3 form.	G Primary Transmitters: Television
Column 6: Give th	e location of ea	ach station. F	or U.S. stations	, list the communi	ity to which the station is licensed by the	
FCC. For Mexican or Note: If you are utilizi					ith which the station is identifed. h channel line-up.	
	ng malapic ona		EL LINE-UP	1		
1. CALL	2. B'CAST	3. TYPE	-	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
конр	51.1	N	No		Bend, OR	
KBNZ-LD	7.1	N	No		Bend, OR	See instructions for
KFXO	39.1	l	No		Bend, OR	additional information on alphabetization.
KTVZ	21.1	N	No		Bend, OR	
KTVZ-DT2	21.2 45.1	N-M	No		Bend, OR	
K45KM KOAB	45.1 3.1	I E	No No		Bend, OR Bend, OR	
KOAB-DT3	3.3	E-M	No		Bend, OR	
	1	I		1		1

Name

G

Primary

Transmitters:

Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM **TDS Broadband Service LLC** 7280 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions locatec in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercia educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions located in the paper SA3 form Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 5. BASIS OF 2. B'CAST 3. TYPE 4. DISTANT? 6. LOCATION OF STATION 1. CALL SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER STATION (If Distant)

ACCOUNTING PERI								FORM SASE. PAGE 4.				
Name	LEGAL NAME OF (OWNER OF CABL	E SYSTE	И:				SYSTEM ID#				
Name	TDS Broadb	and Servic	e LLC					7280				
н	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.											
Primary	Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally											
Transmitters:	receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected,											
Radio				ved at the headend, with the s								
				Copyright Office regulations of								
	located in the pa	aper SA3 form	I.									
				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 											
				the community with which the			or, in tr	he case of				
	Mexical of Cal	aulan stations	, ii ariy, i		station is identifie	u).						
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION				
			0,2		0,122 01011		012					
	N/A											
	1	1	1			1	1	I]				

LEGAL NAME OF OWNER OF	CABLE SYST	ΓEM:				SYSTEM ID#	N
TDS Broadband Service	ce LLC					7280	Name
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG				
In General: In space I, ident substitute basis during the a explanation of the programm	counting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or authorizations	s. For a further	Substitute
1. SPECIAL STATEMEN				5	L	-	Carriage:
 During the accounting per broadcast by a distant stat 		ir cable system	carry, on a substitute basi	s, any nonne	twork television progra	am XNo	Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE	·		je blank. If your answer is '	Yes," you mi	ust complete the progr	am	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the progran Column 3: Give the call Column 4: Give the broa the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every no distant stat gulations, o tion. Do no .ucy" or "NE n was broad sign of the s adcast statio adian statio th and day ve "5/7." es when the Example: a er "R" if the and regulatio ogramming	attach additiona nnetwork televi ion and that you or authorizationa it use general of A Basketball: dcast live, enter station broadca on's location (thons, if any, the when your syster a substitute pro a program carrier listed program	al pages. ision program (substitute p ur cable system substituted s. See page (vi) of the gene categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N isting the substitute program the community to which the community with which the stem carried the substitute p gram was carried by your of ed by a system from 6:01:1 was substituted for programing the accounting period.	rogram) that, d for the prog eral instructic "basketball". o." m. station is lice station is ider program. Use sable system. 5 p.m. to 6:2 mming that y enter the let	during the accounting ramming of another stons located in the paper List specific program nsed by the FCC or, in ntified). List the times accurat 8:30 p.m. should be our system was requir ter "P" if the listed pro	ation er onth ely ed	
					EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	IAGE OCCURRED 6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM — TO		
					<u> </u>		
		•					
					_		
					<u> </u>		
							
					<u> </u>		
					 _		
					_		

FORM SA3E. PAGE 5.

H

FORM SA3E. PAGE 6.

									e V			
Name	LEGAL NAME OF C								513	STEM ID# 7280		
J Part-Time Carriage Log	Column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc- curred during the accounting period.											
	 Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m." 											
			DATES	AND HOURS (DF F	PART-TIME CAF	RRIAGE					
		WHEN	I CARRIAGE OCCU	IRRED			WHEN	I CARRIAGE O	CCURF	RED		
	CALL SIGN		HOUF			CALL SIGN			OURS			
		DATE	FROM	TO			DATE	FROM		ТО		
	N/A		<u> </u>									
									<u> </u>			
									<u> </u>			
			<u> </u>									
									<u> </u>			
			<u>_</u>									
			<u> </u>									
									_			
									_			
									_			
									_			
	1	1	1			1	1	1				

LEGA	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
TD	S Broadband Service LLC		7280	Name
Inst all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount imounts (gross receipts) paid to your cable system by subscribers for the system's secon identifed in space E) during the accounting period. For a further explanation of how to co 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 transrompute this	nission service	K Gross Receipts
Instru • Con • Con • If yo fee • If yo	(RIGHT ROYALTY FEE 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. our system did not carry any distant television stations, leave block 3 blank. Enter the am from block 1 on line 1 of block 4, and calculate the total royalty fee. our system did carry any distant television stations, you must complete the applicable par pompanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	entered or	line 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e clow.	ntered on li	ne 2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	Ild be enter	ed on line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	is 1.064 pe	ercent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	8,058,162.64	
	Enter the result here.			
	This is your minimum fee.	\$	85,738.85	
2 Block 3	 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 perio Yes—Complete the DSE schedule. Ine 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero 	d?		
	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	\$	85,738.85	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
	Line 4. FILING FEE	\$	725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	86,463.85	appropriate 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			

FORM SA3E. PAGE 7.

ACCOUNTING PERIOD:	2020/1
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ACCOUNTING PERI	00. 2020/1	FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	7280
	CHANNELS	
М		readaast stations
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television b	
Channela	to its subscribers and (2) the cable system's total number of activated channels, during the accounting	period.
Channels	4 Fate the total number of the number of the number of the set	
	1. Enter the total number of channels on which the cable	8
	system carried television broadcast stations	
	2. Enter the total number of activated shannels	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	337
	and nonbroadcast services	
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 Tel	ephone (608) 664-4721
Information		
	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 C	Office regulations.
0		
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1	l of space B; or
		•
		f de se se la la servición de la definidad
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership; or	the cable system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ident	tifed as owner of the cable system
	in line 1 of space B.	
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact	ct contained herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fa	
	[18 U.S.C., Section 1001(1986)]	
	/s/Sharon V. Tisdale	
	Enter an electronic signature on the line above using an "/s/" signature to certify this state	ement.
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place yo	
	"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Exe	cel's Lotus compatibility settings.
	Typed or printed name: Sharon V. Tisdale	
	Title: Assistant Treasurer	
	(Title of official position held in corporation or partnership)	
	· · · · · · · · · · · · · · · · · · ·	
	Date: August 25, 2020	
Privacy Act Notice	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifyin	
form in order to pro	cess your statement of account. PIL is any personal information that can be used to identify or trace an individual su	uch as name, address and tolenhor

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

FORM	SASE	PAGE9
FUNI	SAJE.	FAGES

EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
TDS Broadband Service LLC	7280	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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the)-	P Special Statement Concerning Gross Receipts
paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO		Exclusion
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 underpayment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	<u>.</u>	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	- ays	
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 <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please	- /	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.		
** 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 original filing.		
Owner Address		
First community served Accounting period ID number		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Convright Offce to collect the personally identifying information (PII) r	aguastad on th	

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 ε 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

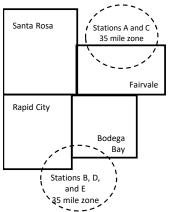
0.083

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 CABL	E SYSTEM:			S	YSTEM ID#						
1	TDS Broadband Service				-	7280						
	SUM OF DSEs OF CATEGOR		NS:			. 200						
	• Add the DSEs of each station.											
	Enter the sum here and in line 1 of part 5 of this schedule. 0.00											
0	Instructions:											
2	In the column headed "Call S	Sign": list the ca	Il signs of all distant stations	identified by f	the letter "O" in column 5							
Computation	of space G (page 3). In the column headed "DSE"	: for each indep	endent station, give the DSF	as "1.0": for	each network or noncom-							
of DSEs for	mercial educational station, giv			, ,								
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.												
	.			L	LI	l						

Name		and Comdex 110							
	IDS Broadb	and Service LLC							72
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista 2: For each station, give correspond with the info 3: For each station, give 4: Divide the figure in col t at least to the third deci 5: For each independent value as ".25." 5: Multiply the figure in col point. This is the station	the number of rmation given the total numb umn 2 by the f imal point. This station, give the olumn 4 by the	hours your cable syst in space J. Calculate of per of hours that the sta figure in column 3, and s is the "basis of carria he "type-value" as "1.0 e figure in column 5, ar	em carried the sta only one DSE for ation broadcast or I give the result in ge value" for the ." For each netwo	ation during the each station. ver the air durin decimals in co station. ork or noncomm in column 6. Ro	ng the accou olumn 4. Thi nercial educ	unting period. is figure must cational station, ess than the	
Capacity		(CATEGORY	LAC STATIONS	: COMPUTAT	ION OF DS	Es		
	1. CALL SIGN	2. NUMBE OF HO CARRII SYSTE	URS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAC VALUE		5. TYPE VALUE	6. DS	Ε
			÷		=	x		=	
			÷		=	x x		=	
			÷		=	x		=	
			÷		-	x		=	
			÷ ÷		=	x x		=	
			÷		=	x		=	
4	Enter the su Instructions: Column 1: Giv • Was carried tions in effe	of each station. Im here and in line 2 of p the the call sign of each si I by your system in subs set on October 19, 1976	tation listed in titution for a pr (as shown by t	space I (page 5, the L rogram that your syste the letter "P" in column	og of Substitute F m was permitted ı 7 of space I); an	to delete under	r FCC rules	Ū	
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Computation of DSEs for Substitute-	Enter the su Instructions: Column 1: Giv • Was carried tions in effe • Broadcast c space 1). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SIGN SUM OF DSEs Add the DSEs Enter the su TOTAL NUMBE	Im here and in line 2 of previous system in subsect on October 19, 1976 one or more live, nonnetwer this figure should correct the number of day Divide the figure in column this is the station's DSE SL 2. NUMBER OF PROGRAMS	tation listed in titution for a pr (as shown by is vork programs of e number of live spond with the rs in the calend mn 2 by the fig (For more infor IBSTITUTE 3. NUMB OF DA' IN YEA * * * * * * * * * * * * * * * * * * *	space I (page 5, the L rogram that your syste the letter "P" in column during that optional car e information in space dar year: 365, except in jure in column 3, and g ormation on rounding, E-BASIS STATION ER YS R = = = = = = = = = = = = = = = = = =	og of Substitute F m was permitted n 7 of space I); an riage (as shown by ns carried in subs I. n a leap year. jive the result in c see page (viii) of NS: COMPUT/ 1. CALL SIGN	to delete under d y the word "Yes" stitution for pro- column 4. Roun the general ins ATION OF E 2. NUME OF PROC	at station: r FCC rules i in column 2 grams that v id to no less structions in DSEs BER GRAMS ÷ ÷ ÷ ÷	of were deleted than the third the paper SA3 for 3. NUMBER OF DAYS IN YEAR	4. DS
Computation of DSEs for Substitute- Basis Stations	Enter the su Instructions: Column 1: Giv • Was carried tions in effe • Broadcast of space I), Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSEs Add the DSEs Enter the su TOTAL NUMBE number of DSEs	Im here and in line 2 of previous system in subsect on October 19, 1976 one or more live, nonnetwer this figure should correct the number of day Divide the figure in colure This is the station's DSE SURVICE STRUMBER OF PROGRAMS	tation listed in titution for a pr (as shown by is vork programs of e number of live spond with the rs in the calend mn 2 by the fig (For more infor IBSTITUTE 3. NUMB OF DA' IN YEA * * * * * * * * * * * * * * * * * * *	space I (page 5, the L rogram that your syste the letter "P" in column during that optional car e information in space dar year: 365, except in jure in column 3, and g ormation on rounding, E-BASIS STATION ER YS R = = = = = = = = = = = = = = = = = =	og of Substitute F m was permitted n 7 of space I); an riage (as shown by ns carried in subs I. n a leap year. jive the result in c see page (viii) of NS: COMPUT/ 1. CALL SIGN	to delete under d y the word "Yes" stitution for pro- column 4. Roun the general ins ATION OF E 2. NUME OF PROC	at station: r FCC rules i in column 2 grams that v id to no less structions in DSEs BER GRAMS ÷ ÷ ÷ ÷	the tota	4. DS
Computation of DSEs for Substitute- Basis Stations	Enter the su Instructions: Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SUM OF DSEs Add the DSEs Enter the su TOTAL NUMBE number of DSEs 1. Number of	Im here and in line 2 of previous system in substant on October 19, 1976 one or more live, nonnetwer for each station give the This figure should correct the number of day Divide the figure in colur This is the station's DSE SUBSTITUTE-BASE of each station. Im here and in line 3 of previous substant on the substant on the substant on the substant on the substant of the substant o	tation listed in titution for a pr (as shown by is vork programs of e number of live spond with the rs in the calend mn 2 by the fig (For more infor IBSTITUTE 3. NUMB OF DA' IN YEA * * * * * * * * * * * * * * * * * * *	space I (page 5, the L rogram that your syste the letter "P" in column during that optional car e information in space dar year: 365, except in jure in column 3, and g ormation on rounding, E-BASIS STATION ER YS R = = = = = = = = = = = = = = = = = =	og of Substitute F m was permitted n 7 of space I); an riage (as shown by ns carried in subs I. n a leap year. jive the result in c see page (viii) of NS: COMPUT/ 1. CALL SIGN	to delete under d y the word "Yes" stitution for pro- column 4. Roun the general ins ATION OF E 2. NUME OF PROC	at station: r FCC rules i in column 2 grams that v id to no less structions in DSEs BER GRAMS ÷ ÷ ÷ ÷	the tota	4. DS
Computation of DSEs for Substitute- Basis Stations	Enter the su Instructions: Column 1: Giv • Was carried tions in effe • Broadcast c space 1). Column 2: at your option. Column 3: Column 4: decimal point. 1. CALL SIGN SIGN SUM OF DSEs Add the DSEs Enter the su TOTAL NUMBE number of DSEs 1. Number o 2. Number o	Im here and in line 2 of p the the call sign of each side to your system in subsi- to on October 19, 1976 one or more live, nonnetw For each station give the This figure should correct Enter the number of day Divide the figure in colur This is the station's DSE SU 2. NUMBER OF PROGRAMS SOF SUBSTITUTE-BAS of each station. Im here and in line 3 of p ER OF DSEs: Give the arm is applicable to your syste f DSEs from part 2●	tation listed in titution for a pr (as shown by is vork programs of e number of live spond with the rs in the calend mn 2 by the fig (For more infor IBSTITUTE 3. NUMB OF DA' IN YEA * * * * * * * * * * * * * * * * * * *	space I (page 5, the L rogram that your syste the letter "P" in column during that optional car e information in space dar year: 365, except in jure in column 3, and g ormation on rounding, E-BASIS STATION ER YS R = = = = = = = = = = = = = = = = = =	og of Substitute F m was permitted n 7 of space I); an riage (as shown by ns carried in subs I. n a leap year. jive the result in c see page (viii) of NS: COMPUT/ 1. CALL SIGN	to delete under d y the word "Yes" stitution for pro- column 4. Roun the general ins ATION OF E 2. NUME OF PROC	at station: r FCC rules i in column 2 grams that v id to no less structions in DSEs BER GRAMS ÷ ÷ ÷ ÷	the tota	4. DS

LEGAL NAME OF C	OWNER OF CABLE						S	YSTEM ID#	Name
		6						7280	
Instructions: Blo In block A: • If your answer if schedule.			part 6 and part	7 of the DSE sche	edule blank ar	nd complete p	art 8, (page 16) o	f the	6
 If your answer if 	"No," complete bl								0
				ELEVISION M					Computation of 3.75 Fee
Is the cable system effect on June 24,		outside of all	major and sma	aller markets as de	fined under s	ection 76.5 of	FCC rules and re	gulations in	
Yes—Com	plete part 8 of the	schedule—I	DO NOT COM	PLETE THE REM	AINDER OF F	PART 6 AND	7		
X No—Com	olete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatine DSE Sche	ons prior to Ju edule. (Note: T	part 2, 3, and 4 o 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	ulations cited b to the FCC ma	usis on which you o elow pertain to the rket quota rules [7	ose in effect of 6.57, 76.59(b	n June 24, 19), 76.61(b)(c)	, 76.63(a) referrinç	g tc	
	C Noncommeric D Grandfatherer instructions for E Carried pursu *F A station pre-	cal education d station (76. or DSE scheo ant to individ eviously carrie JHF station v	al station [76.5 65) (see parag dule). lual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(63(a) referring bstitution of g	g to 76.61(d) randfathered ine 25, 198	stations in the)(5)	
Column 3:		e stations ide	entified by the I	n 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	BLOCK C: CC	MPUTATION O	F 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 fro	m block B ab	ove				-	
				r of DSEs subjec 7 of this schedu		i rate.		0.00	
Line 4: Enter gro	oss receipts from	n space K (p	bage 7)				x 0.0	375	Do any of the DSEs represent partially
Line 5: Multiply I	line 4 by 0.0375	and enter s	um here				x		permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	e 3						carriage? If yes, see part 9 instructions.
Line 7: Multiply I	line 6 by line 5 a	nd enter hei	re and on line	2, block 3, spac	e L (page 7))		0.00	

DSE SCHEDULE. PAGE 13.

ACCOUNTING PERIOD: 2020/1

								ſ		DULE. PAGE 14.	
	LEGAL NAME OF OWN	NER OF CABLE	E SYSTEM:						S	YSTEM ID#	
Name	TDS Broadban	d Service L	LC							7280	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	A—Part-time sp. 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Compare	or to June 25, call sign for ea the DSE for t the basis of c CC rules and ecialty progra (d)(1),76.61(e rogramming: ((e)(3)). arriage under al instructions the station's l e the DSE fig B, column 3 (information ye	1981, under former ach distant station ic his station for a sing g period and year in carriage on which th regulations cited be mming: Carriage, on)(1), or 76.63 (refern Carriage under FCC certain FCC rules, i certain FCC rules, i in the paper SA3 for DSE for the current ures listed in column of part 6 for this state ou give in columns 2	FCC rules gove dentifed by the le gle accounting p in which the carr e station was ca glow pertain to th in a part-time ba ring to 76.61(e)(c rules, sections regulations, or a orm. accounting peri- is 2 and 5 and 1 ion. 2, 3, and 4 must	erning etter " eriod, iage a nried iose ii sis, of 1)). 76.59 uthori od as ist the	part-time and sub- F" in column 2 of p occurring betweer and DSE occurred by by listing one of the n effect on June 24 f specialty program Q(d)(3), 76.61(e)(3) izations. For furthe computed in parts e smaller of the two	stitute carri part 6 of the n January 1 (e.g., 1981, e following I, 1981. Iming unde n, or 76.63 (r explanatio 2, 3, and 4 o figures he	age. DSE schedule , 1978 and Jur 1) letters r FCC rules, se referring tc on, see page (\ of this schedu re. This figure	ection: /i) of the should b	e enterei	
			ED DSE FOR STA								
	1. CALL	2. PRI		OUNTING		4. BASIS OF		RESENT	6. PI	ERMITTED	
	SIGN	DSE	PE	RIOD		CARRIAGE	[DSE		DSE	
7	Instructions: Block A	A must be con	npleted.								
1	In block A:										
Computation	If your answer is "Yes," complete blocks B and C, below.										
of the	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.										
Syndicated	If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET										
			BLUCP	A. MAJUR	ELE						
Exclusivity Surcharge						f	C C -4 FOO			0040	
Surcharge	 Is any portion of the c 			r television mark	_			rules in effect J	une 24,	901?	
	Yes—Complete	blocks B and	IC.		X	No—Proceed to	part 8				
					л. — Т						
	BLOCK B: Ca	arriage of VH	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs		
	Is any station listed in				W/o						
	commercial VHF stati					s any station listed served by the cab					
	or in part, over the ca		o a grado 2 comoar	,		ormer FCC rule 76.			.,	. (
	Yes—List each s	tation below wi	th its appropriate perr	nitted DSE		Yes—List each sta	ation below	with its appropria	ate permit	ted DSE	
	X No—Enter zero a										
			F			<u>.</u>					
	CALL SIGN	DSE	CALL SIGN	DSE	Г	CALL SIGN	DSE	CALL SIG	N	DSE	
					∟						
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SYS' TDS Broadband Service LLC	TEM ID# 7280	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	,162.64	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? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	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.		
44	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 DSE 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)		
	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		

	1	DSE SCHEDULE. PAG							
Name		VIE OF OWNER OF CABLE SYSTEM: SYSTEM SYSTEM 700 700 700 700 700 700 700 700 700 70	7280						
			200						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)							
Syndicated	Syndicated B. Enter 0.00189 of gross receipts (the amount in section 1)								
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here							
	D. Enter 0.00089 of gross receipts (the amount in section 1)								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)							
		Syndicated Exclusivity Surcharge	<u></u> .						
8 Computation of Base Rate Fee	 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 y	our cable system retransmit the signals of any partially distant television stations during the accounting period?							
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7)							
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)							
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.							
		A. Enter 0.01064 of gross receipts (the amount in section 1)							
		B. Enter 0.00701 of gross receipts (the amount in section 1)							
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here							
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)							
		Base Rate Fee	<u></u> .						

DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM I	D# Name					
TDS I	Broadband Service LLC 728	30 Name					
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.						
4	A. Enter 0.01064 of gross receipts	8					
	(the amount in section 1)►						
	B. Enter 0.00701 of gross receipts	Computation					
	(the amount in section 1) *	of Base Rate Fee					
	C. Multiply line B by 3.000 and enter here►						
	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	-					
I	G. Add lines A, C, and F. This is your base rate fee.	1					
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00						
		→ 					
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals sha be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G	9					
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation					
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of th on, you must:	is of					
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	Base Rate Fee and					
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated Exclusivity					
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge					
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you mu						
	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. Howeve cable system is wholly located outside all major television markets, complete block A only.	 Distant Stations, and 					
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially Permitted					
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you							
carried to that community. Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by							
	ne token, the station is distant to the subscriber.) : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each						
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.						
Compu groups	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscrib	er					
	section:						
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the						
subscri	bers in the group.						
• lf: 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 c	of this schedule; or,						
 any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule. 							
• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.							
 Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form. 							
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.							

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID
Name	TDS Broadband Service LLC	728
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	9
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNE						SI	STEM ID# 7280	Name
В				TE FEES FOR EACH	SUBSCR	IBER GROUP		
		SUBSCRIBER GROU	P	SECOND SUBSCRIBER GROUP				9
COMMUNITY/ AREA Bend, OR				COMMUNITY/ AREA				3 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
		-						
Total DSEs	4		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<u>\$</u> 8,058	162.64	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	P		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group		\$	0.00	Gross Receipts Fourth Group		\$ 0.00		
Base Rate Fee Third Group		\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$	0.00	