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 B	Y THIS STATEMENT:			
Accounting Period	2020/1				
B Owner	rate title of the subsidiary, not that of the parent List any other name or names under which If there were different owners during the ac a single statement of account and royalty fee pa	the owner conducts the business of the cable counting period, only the owner on the last d	e system ay of the accounting period should	·	7636
	LEGAL NAME OF OWNER/MAILING ADDRE	SS OF CABLE SYSTEM			
	TDS Broadband Service LLC				
	Baja Broadband				
				763	620201
				7636	2020/1
				7000	2020/1
	525 Junction Rd. Madison, WI 53717-2152				
С	INSTRUCTIONS: In line 1, give any busine				
0	names already appear in space B. In line 2,	, give the mailing address of the system,	if different from the address gi	ven in space	В.
System	1				
	MAILING ADDRESS OF CABLE SYSTEM:				
	2 (Number, street, rural route, apartment, or suite number	)			
		-			
	(City, town, state, zip code)				
D	Instructions: For complete space D instruction	ctions, see page 1b. Identify only the frst	community served below and	relist on page	∋ 1b
Area	with all communities.				
Served	CITY OR TOWN	STATE			
First Community	Hobbs	NM			
Community	Below is a sample for reporting communit	,			
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUE	3 GRP#
Sample	Alda	MD	A		1
	Alliance	MD MD	B		2 3
	Gering	MD	В		3
Privacy Act Notice	e: Section 111 of title 17 of the United States Code autho	prizes the Copyright Offce to collect the personally in	dentifying information (PII) requested	on th	
-	cess your statement of account. PII is any personal infor				
• •	ting PII, you are agreeing to the routine use of it to establ pared for the public. The effect of not providing the PII rec				

completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

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\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/25/2020

U.S. Copyright Office

FORM SA3E. PAGE 1b.

-ORIN SA3E. PAGE 1D.							
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
TDS Broadband Service LLC			7636				
<b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.							
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. If	you report any st	ations				
When reporting the carriage of television broadcast stations on a community-by-commu 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 be	a subscriber grou			-			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-			
Hobbs	NM	AA	1	First			
Lea County	NM	AA	1	Community			
Eunice	NM	AB	2				
				See instructions for additional information			
				on alphabetization.			
				Add rows as necessary.			
				,			
		•••••••••••••••••••••••••••••••••••••••	•	•			

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									S	YSTEM	
Name	TDS Broadband Service	e LLC										70
	SECONDARY TRANSMISSION	SERVICE: SI	IBSCR	IBERS AND R		s						
E	In General: The information in space E should cover all categories of secondary transmission service of the cable											
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information											
Secondary	about other services (including p							st be t	hose exis	ting on the	Э	
Transmission		g period (June 30 or December 31, as the case may be). <b>rs:</b> Both blocks in space E call for the number of subscribers to the cable system, broken										
Service: Sub- scribers and	down by categories of secondar											
Rates	each category by counting the n											
	separately for the particular serv									5		
	Rate: Give the standard rate of											
	unit in which it is generally billed					tandaı	rd rate var	iation	s within a	particular	rate	
	category, but do not include disc Block 1: In the left-hand block	in space F th	e form	ance payment. lists the catego	ries	of sec	ondarv tra	nsmis	sion servi	ce that ca	ble	
	systems most commonly provide											
	that applies to your system. Not											
	categories, that person or entity										ntial	
	subscriber who pays extra for ca						l in the co	unt un	der "Servi	ice to the		
	first set" and would be counted of Block 2: If your cable system						sorvice th	at aro	different	from those	-	
	printed in block 1 (for example, t											
	with the number of subscribers a											
	sufficient.							-				
	BLO	DCK 1 NO. OF	-	1					BLOC		. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE		CATE	EGORY O	F SEF	RVICE		RIBERS	RAT
	Residential:											
	Service to first set		2,785	\$ 25.00								
	<ul> <li>Service to additional set(s)</li> </ul>											
	• FM radio (if separate rate)											
	Motel, hotel		406	10.50-\$14.28								
	Commercial											
	Converter											
	Residential		1,070	\$5.95/Mo.								
	Non-residential											
										•		
	SERVICES OTHER THAN SEC					ct to al	ll vour cab	le svs	tem's sen	vices that	were	
F	In General: Space F calls for ra	te (not subscril	ber) info	ormation with re	espec							I
F		te (not subscril hose services	ber) info that are	ormation with re not offered in	espeo coml	binatio	on with any	/ seco	ndary trar	nsmission		L
Services	In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services	te (not subscril hose services re two exceptio or facilities furr	ber) info that are ons: you nished t	ormation with re e not offered in I do not need to to nonsubscribe	espec coml o give ers. F	binatio e rate i Rate in	on with any informatio iformation	/ seco n cono shoul	ndary trar cerning (1 d include	nsmission ) services both the		L
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Services Other Than Secondary ransmissions:	In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te (not subscril hose services re two exceptio or facilities furn it in which it is rate column. te charged by t t your cable sy separate charge otion and includ <u>BLO</u> <u>RATE</u> 7.40-19.99 0-49.95	ber) info that are ons: you hished t usually the cabl stem fu ge was in de the ra CK 1 CATEC Install • Co • Pa • Pa • Fir • Bu Other • Co • Dis • Ou	ormation with re- e not offered in do not need to to nonsubscribe v billed. If any ra- le system for ea rnished or offer made or establ ate for each. GORY OF SEF ation: Non-res- otel, hotel mmercial y cable-add'l cl e protection rglar protection services: connect	espec coml o give ers. F ates ach c red d ishec RVICI	binatio e rate i Rate in are ch of the a uring 1 d. List <u>=</u>	n with any information formation arged on applicable the account these othe <b>RATE</b> <b>\$0 - \$99</b>	y secce n com shoul a varia servic nting p er servic 	ndary trar cerning (1 d include able per-p ces listed. period that vices in the	nsmission ) services both the rogram ba t were not e form of a BL	asis, a .OCK 2	RATI

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

	INSTR	NUCTIONS:	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									
Owner	corporate title of the subsidiary, not that of the parent corporation.									
	In line 2, list any other names under which the owner conducts the business of the cable system.									
	If 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. 7636	Filing Period							
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	71							
		TDS Broadband Service LLC								
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):								
		Baja Broadband								
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:								
		525 Junction Rd.								
		(Number, street, rural route, apartment, or suite number)								
		Madison, WI 53717-2152								
		(City, town, state, zip)	_							
			-							
		RUCTIONS: 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	4	IDENTIFICATION OF CABLE SYSTEM:	1							
	1									
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, runa route, spannent, or suite number)								
		(City, town, state, zp code)								

_	BLO						
E	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE				
Secondary	Residential:						
Transmission	<ul> <li>Service to first set</li> </ul>	2,785	25.00				
Service: Sub-	<ul> <li>Service to additional set(s)</li> </ul>						
scribers and	<ul> <li>FM radio (if separate rate)</li> </ul>						
Rates	Motel, hotel	406	\$10.50-\$14.28	8			
	Commercial						
	Converter						
	Residential	1,070	\$5.95/Mo.				
	Non-residential						
			BLOCK 1			7	
	CATEGORY OF SERVICE	RATE	CATEGORY OF	SERVICE	RATE	-	
F	Continuing Services:	NATE	Installation: No		NATE	-	
•	Pay cable	7.40-19.99		Motel, hotel			
Services	Pay cable     Add'l channel	7.40 15.55		Commercial	\$0 - \$99.95	"	
Other Than	Fire protection			Pay cable			
Secondary	•Burglar protection			Pay cable-add'l channel		"	
Transmissions:	Installation: Residential	-		Fire protection		"	
Rates	First set	0-49.95		Burglar protection		" 	
	<ul> <li>Additional set(s)</li> </ul>	0-49.95	Other services:				
	• FM radio (if separate rate)			Reconnect	0-25		
	Converter			Disconnect			
				Outlet relocation	19.98-39.96		
			1	Move to new address			
M Channels	to its subscribers and (2) the ca 1. Enter the total number of cha system carried television broa	ble system's total n nnels on which the	umber of activa	the cable system carried to		29	
	to its subscribers and (2) the ca 1. Enter the total number of cha	ble system's total n nnels on which the dcast stations vated channels ried television broa	umber of activa				
Channels N Individual to	<ul> <li>to its subscribers and (2) the ca</li> <li>1. Enter the total number of cha system carried television broa</li> <li>2. Enter the total number of acti on which the cable system ca</li> </ul>	ble system's total n nnels on which the dcast stations vated channels rried television broa	umber of activa	ted channels, during the ac	counting period.	29	
Channels	to its subscribers and (2) the ca 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system ca and nonbroadcast services	ble system's total n nnels on which the dcast stations vated channels rried television broa	umber of activa cable adcast stations NFORMATION	ted channels, during the ac	counting period.	29	
Channels N Individual to Be Contacted for Further	to its subscribers and (2) the ca 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system car and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this statem	ble system's total n nnels on which the dcast stations vated channels ried television broa <b>ED IF FURTHER I</b> nent of account.) <b>Stephanie W</b> <b>525 Junction</b>	umber of activa cable adcast stations NFORMATION eber Rd	ted channels, during the ac	dividual	29 	
Channels N Individual to Be Contacted for Further	to its subscribers and (2) the ca 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system ca and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name	ble system's total n nnels on which the dcast stations vated channels ried television broa <b>ED IF FURTHER I</b> ment of account.) <b>Stephanie W</b> <b>525 Junction</b> (Num Madison, WI	umber of activa cable adcast stations NFORMATION eber Rd ber, street, rural r	Ited channels, during the ac	dividual	29 	
Channels N Individual to Be Contacted for Further	to its subscribers and (2) the ca 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system ca and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name	ble system's total n nnels on which the dcast stations vated channels ried television broa <b>ED IF FURTHER I</b> ment of account.) <b>Stephanie W</b> <b>525 Junction</b> (Num Madison, WI	umber of activa cable adcast stations NFORMATION eber Rd ber, street, rural r 53717 town, state, zip)	IS NEEDED (Identify an in	dividual Telephone er)	29 	
Channels N Individual to Be Contacted for Further	to its subscribers and (2) the ca 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system ca and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address	ble system's total n nnels on which the dcast stations vated channels ried television broa <b>ED IF FURTHER I</b> nent of account.) <b>Stephanie W</b> <b>S25 Junction</b> (Num <b>Madison, W</b> (City, <b>finance@tds</b> ) of account must bi be submitted with	umber of activa cable adcast stations NFORMATION eber Rd Der, street, rural r 53717 town, state, zip) telecom.com	Ited channels, during the ac IS NEEDED (Identify an in oute, apartment, or suite numb n igned in accordance with C s/r signature (e.g., /s/John	counting period.	29 309 (608) 664-4721	
Channels N Individual to Be Contacted for Further Information	to its subscribers and (2) the ca 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system ca and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form wil	ble system's total n nnels on which the dcast stations vated channels ried television broa <b>ED IF FURTHER I</b> nent of account.) <b>Stephanie W</b> <b>S25 Junction</b> (Num <b>Madison, W</b> (City, <b>finance@tds</b> ) of account must bi be submitted with	umber of activa cable adcast stations NFORMATION eber Rd Der, street, rural r 53717 town, state, zip) telecom.com	IS NEEDED (Identify an in oute, apartment, or suite numb oute, apartment, or suite numb n spred in accordance with C spr signature (e.g., /s/John in Space O of tab "page 8,	counting period.	29 309 (608) 664-4721	
Channels N Individual to Be Contacted for Further Information	to its subscribers and (2) the ca 1. Enter the total number of cha system carried television broa 2. Enter the total number of acti on which the cable system ca and nonbroadcast services INDIVIDUAL TO BE CONTACT we can contact about this stater Name Address Email (optional) CERTIFICATION (This statement Signature Space O – this form wil	ble system's total n nnels on which the dcast stations vated channels ried television broa <b>ED IF FURTHER I</b> nent of account.) <b>Stephanie W</b> <b>S25 Junction</b> (Num <b>Madison, W</b> (City, <b>finance@tds</b> ) of account must bi be submitted with	umber of activa cable adcast stations NFORMATION eber Rd ber, street, rural r 53717 town, state, zip) telecom.con e certifed and si an electronic "/ e signature box Typed or prin Title:	IS NEEDED (Identify an in oute, apartment, or suite numb oute, apartment, or suite numb n spred in accordance with C spr signature (e.g., /s/John in Space O of tab "page 8,	counting period.	29 309 (608) 664-4721 (608) 664-4721	

Total	Gross	Receipts
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\$ 1,099,790.86 ОК

\$

# Subgroup Gross Receipts Total

1,099,790.86

Subgroup	Subgroup/Community Name	e	Fross Receipts
FIRST 1	Hobbs, NM	\$	1,038,074.56
SECOND 2	Eunice, NM	\$	61,716.30
THIRD 3			
FOURTH 4			
FIFTH 5			
SIXTH 6			
SEVENTH 7			
EIGHTH 8			
NINTH 9			
TENTH 10			
ELEVENTH 11			
TWELVTH 12			
THIRTEENTH 13			
FOURTEENTH 14			
FIFTEENTH 15			
SIXTEENTH 16			
SEVENTEENTH 17			
EIGHTEENTH 18			
NINTEENTH 19			
TWENTIETH 20			
TWENTY-FIRST 21			
TWENTY-SECOND 22			
TWENTY-THIRD 23			
TWENTY-FOURTH 24			
TWENTY-FIFTH 25			
TWENTY-SIXTH 26			
TWENTY-SEVENTH 27			
TWENTY-EIGHTH 28			
TWENTY-NINTH 29			
THIRTIETH 30			
THIRTY-FIRST 31			
THIRTY-SECOND 32			
THIRTY-THIRD 33			
THIRTY-FOURTH 34			
THIRTY-FIFTH 35			
THIRTY-SIXTH 36			
THIRTY-SEVENTH 37			
THIRTY-EIGHTH 38			
THIRTY-NINTH 39			
FORTIETH 40			

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

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

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

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

FORM SA3E. PAGE 3.							
					SYSTEM ID# 7636	Name	
					1030		
TDS Broadband Service LLC         7636           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), 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.         Tr.           Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:         • Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis.         • Do not may a substitute basis.           • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.         Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multi-cast 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							
					ation for broadcasting over-the-air in is may be different from the channel		
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. <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. <b>Column 4:</b> 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. <b>Column 5:</b> If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, there "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. <b>Column 6:</b> Give the location, if any, give the name of the community with which the station is licensed by the FCC. For Nexican or Canadian station, if any, give the name of the community with which the station is licentifed.							
Note: If you are utilizin		-	EL LINE-UP		······································		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
KOAT	7.1	N	No		Albuquerque, NM		
KOAT-DT2	7.2	N-M	No		Albuquerque, NM	See instructions for	
KOAT-DT3	7.3	N-M	No		Albuquerque, NM	additional information on alphabetization.	
	10.1 10.2	N N-M	No		Roswell, NM		
KBIM-DT2 KOBR	4.1	N-M N	No No		Roswell, NM Roswell, NM		
KOBR-DT2	4.1	N-M	No		Roswell, NM		
KLUZ	 14.1	I I	No		Albuquerque, NM		
KUPT	29.1	I	No		Hobbs, NM		
KUPT-DT2	29.2	I-M	No		Hobbs, NM	1	
KTEL	15.1	I	No		Hobbs, NM	ļ	
KRTN	29.3	I	No		Albuquerque, NM		
KASA	2.1	I	No		Santa Fe, NM		
K42FX-D	42.1	E	No		Hobbs, NM		
KRPV-DT	27.1		No		Roswell, NM		
KCHF K19KT	11.1 45.1	 	No No		Albuquerque, NM Hobbs, NM	1	
		•	NU				
						Ì	
						1	
						1	
	1					1	
	I	I		1	1	1	

FORM SA3E. PAGE 3.

Name

G

Primary

Transmitters:

Television

#### FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM **TDS Broadband Service LLC** 7636 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 [section: 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 3 TYPE 1. CALL 2 B'CAST 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KMID	2.1	N	No		Midland, TX
KOSA	7.1	N	No		Odessa, TX
KOSA-DT2	7.2	N-M	No		Odessa, TX
KOSA-DT3	7.3	N-M	No		Odessa, TX
KPEJ	24.1	N	No		Odessa, TX
KPEJ-DT2	24.2	N-M	No		Odessa, TX
KWES	9.1	N	No		Odessa, TX
KWES-DT2	9.2	N-M	No		Odessa, TX
KOBR	4.1	N	No		Roswell, NM
KUPB	18.1	I	No		Midland, TX
KUPB-DT2	18.2	I-M	No		Midland, TX
K42FX-D	42.1	E	No		Hobbs, NM
KRPV-DT	27.1	I	Yes	0	Roswell, NM
KCHF	11.1	I	Yes	0	Albuquerque, NM
		1		1	

ACCOUNTING PERI	00. 2020, 1							FORM SASE. PAGE 4.			
N	LEGAL NAME OF	OWNER OF CABL	E SYSTE	M:				SYSTEM ID#			
Name	TDS Broadb	and Servic	e LLC					7636			
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 Instruc	ctions Concer	ning All	-Band FM Carriage: Under C	opyright Office re	egulations, an	FM sign	al is generally			
Transmitters:											
Radio				ved at the headend, with the s							
	For detailed info	ormation about	t the the	Copyright Office regulations o	n this point, see	page (vi) of the	e genera	al instructions			
	located in the p	•									
				each station carried.							
				n is AM or FM.							
				nal was electronically processe	ed by the cable s	ystem as a se	parate a	nd discrete			
				mark in the "S/D" column.	atation in linena	ad by the ECC	or in th	a and of			
				on (the community to which the the community with which the			<i>,</i> 01, 111 u	le case ol			
	Mexical of Car	adian stations	, ii ariy,			u).					
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION			
	ON LEE OIGH		0/D		ONLE OIGH		0,0				
	KIXN	FM	X	Hobbs, NM							
							<b> </b>				

LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#	N
TDS Broadband Servio	ce LLC					7636	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	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or authoriza	tions. For a further	Substitute
1. SPECIAL STATEMEN	-						Carriage: Special
<ul> <li>During the accounting per broadcast by a distant star</li> </ul>	tion?			-	ΞY	res XNo	Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			e blank. If your answer is '	Yes," you mu	ist complete the pi	rogram	
In General: List each subsiciear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informat titles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car 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."	titute progra ce, please a of every no distant stat gulations, o tion. Do no .ucy" or "NE n was broad sign of the s adcast static th and day ve "5/7." es when the Example: a er "R" if the and regulatic ogramming	m on a separa attach additiona nnetwork televi ion and that yo r authorizations t use general of A Basketball: dcast live, enter station broadca on's location (the ons, if any, the of when your syste substitute prop program carried listed program ons in effect du	al pages. sion program (substitute p ur cable system substitute s. See page (vi) of the gen ategories like "movies", or 76ers vs. Bulls." "Yes." Otherwise enter "N sting the substitute progra e community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:1 was substituted for progra ring the accounting period	rogram) that, d for the prog eral instructio "basketball". o." m. station is lice station is ider program. Use cable system. 5 p.m. to 6:2 mming that y c enter the let	during the accoun ramming of anothe ns located in the p List specific progress nsed by the FCC of tified). numerals, with the List the times acc 8:30 p.m. should b our system was re ter "P" if the listed	nting er station paper ram or, in e month surately pe equired pro	
						7 REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	IAGE OCCURRE 6. TIMES FROM —	DELETION	
						·····	
						······	
					<mark></mark>		

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FORM SA3E. PAGE 5.

\_\_\_\_

Name	LEGAL NAME OF O								SYSTEM ID 763		
									103		
J Part-Time Carriage Log	<ul> <li>PART-TIME CARRIAGE LOG</li> <li>In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.</li> <li>Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.</li> <li>Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.</li> <li>Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10."</li> <li>State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m 3:15 a.m. app."</li> <li>You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m12:00 p.m."</li> </ul>										
	DATES AND HOURS OF PART-TIME CARRIAGE										
		WHEN	I CARRIAGE OC	CURRED			WHEN	I CARRIAGE OCC	URRED		
	CALL SIGN	DATE	HO FROM	URS TO		CALL SIGN	DATE	HOL FROM	IRS TO		
	N/A	BATE	-	-			DATE	-			
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-	SA3E. PAGE 7.			
	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
TDS	S Broadband Service LLC		7636	
Inst all a (as i page	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 second identified in space E) during the accounting period. For a further explanation of how to car 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 transmompute this a	ission service	K Gross Receipts
<ul> <li>Instru</li> <li>Con</li> <li>Con</li> <li>If yo feet</li> <li>If yo</li> </ul>	<b>(RIGHT ROYALTY FEE</b> <b>Ictions</b> : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. nur system did not carry any distant television stations, leave block 3 blank. Enter the arr from block 1 on line 1 of block 4, and calculate the total royalty fee. nur system did carry any distant television stations, you must complete the applicable pa pompanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered on	line 1 of	
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be e clow.	entered on lin	e 2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below.	uld be entere	d on line	
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	e is 1.064 per	cent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	\$	1,099,790.86	
	This is your minimum fee.	\$	11,701.77	
Block 2	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.</li> <li>Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule.</li> </ul>	n 4, you mus	st check	
Block	Line 1. <b>BASE RATE FEE:</b> Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	1,089.29	
3	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	1,089.29	
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	\$	11,701.77	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		0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under 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	\$	12,426.77	appropriate form for submitting the additional fees.
	EFT Trace # or TRANSACTION ID #			222.1010110001
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta			

ACCOUNTING PERIOD:	2020/1
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ACCOUNTING PERI	55. 2020/1	FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	7636
	CHANNELS	
М		he apple system corried tologician broadcast stations
IVI	Instructions: You must give (1) the number of channels on which	-
0.	to its subscribers and (2) the cable system's total number of activa	ed channels, during the accounting period.
Channels	4. Enter the total number of denometry on which the partic	
	1. Enter the total number of channels on which the cable	29
	system carried television broadcast stations	
	2. Exter the total number of activities abound	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	309
	and nonbroadcast services	
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION	S NEEDED: (Identify an individual
	we can contact about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Stephanie Weber	Telephone (608) 664-4721
Information		
	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 si	gned in accordance with Copyright Office regulations.
0		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the	e boxes.)
		,
	(Owner other than corporation or partnership) I am the owner o	the cable system as identifed in line 1 of space B; or
		•
		de la serie de la contra falla como en sfalla contra contra contra de la Cford
	(Agent of owner other than corporation or partnership) I am the in line 1 of space B and that the owner is not a corporation or p	
		a partnership) of the legal entity identifed 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 contained herein
	are true, complete, and correct to the best of my knowledge, information	
	[18 U.S.C., Section 1001(1986)]	
	/s/Sharon V. Tisdale	
	Enter an electronic signature on the line above us	ing an "/s/" signature to certify this statement.
	0	ward slash of the /s/ signature, place your cursor in the box and press the
	"F2" button, then type /s/ and your name. Press	ng the "F" button will avoid enabling Excel's Lotus compatibility settings.
	Turned or printed names Sharon V. Tise	
	Typed or printed name: Sharon V. Tise	
	Title: Assistant Treasurer (Title of official position held in corporation o	natharchin)
	(The of official position here in corporation o	paranoroning)
	Date: August 25, 2020	
Privacy Act Notice	: Section 111 of title 17 of the United States Code authorizes the Copyright	Offce to collect the personally identifying information (PII) requested on th
form in order to pro	sees your statement of account. PIL is any personal information that can be	

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.	FAGLS

LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 7636	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 su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	b-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions	5	Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?          X       NO         YES. Enter the total here and list the satellite carrier(s) below.       \$		
Name     Name       Mailing Address     Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymen For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ıt.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance pleas 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 origina filing.	al	
Owner Address		
First community served		
Driver Act Nation: Section 111 of title 17 of the United States Code authorizes the Convright Offee to collect the personally identifying information (DII)		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

#### INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

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

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

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

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

Independent: its type-value is	1.00
• Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

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

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

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

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

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

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

#### TOTAL OF DSEs

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

#### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee anc the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are nor subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

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

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

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable sys-

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

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

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

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

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

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

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

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

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

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

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

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

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

## DSE SCHEDULE. PAGE 11.

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

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

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

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE

0.330% of gross receipts PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

If any of the stations were partially distant:

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

2. Identify the communities/areas represented by each subscriber group. 3. For each subscriber group, calculate the total number of DSEs of

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

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

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

TOTAL DSEs

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

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

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

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

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

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

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

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

CITY

Santa Rosa

Rapid City

Fairvale

Bodega Bay

DSE

1.0

1.0

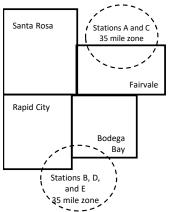
0.083

0.139

0.25

2 4 7 2

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



Minimum Fee Total Gross F	Receipts	\$600,000.00 <u>x</u> .01064 \$6.384.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

SERVICE AREA OF

Stations B, D, and E

TOTAL GROSS RECEIPTS

Stations A, B, C, D , E

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

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

120,000.00

\$600.000.00

FROM SUBSCRIBERS

# DSE SCHEDULE. PAGE 11. (CONTINUED)

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
1	LEGAL NAME OF OWNER OF CABL				3					
•	TDS Broadband Service					7636				
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line	1.			2.00					
0	Instructions:									
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5									
Computation of DSEs for	of space G (page 3). In the column headed "DSE" mercial educational station, giv		25."		each network or noncom-					
Category "O"	CATEGORY "O" STATIONS: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	KRPV-DT	1.000								
	KCHF	1.000								
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										
		II		L		l				

Name		OWNER OF CABLE SYSTEM: Dand Service LLC					DSE SCHEDU S	ILE. PAGE 12. YSTEM ID# 7636		
<b>3</b> Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station on rounding, see page (viii) of the general instructions in the paper SA3 form.									
Capacity	1. CALL SIGN	2. NUMBE OF HO CARRII SYSTE	ER URS ED BY	<u>' LAC STATIONS:</u> 3. NUMBER OF HOURS STATION ON AIR	4. BASIS OL CARRIAC VALUE	F 5. TYPE		ε		
			÷		=	x	=			
			÷		=	X	=			
			÷		=	x	=			
					=	x x	=			
			÷		=	×	=			
			÷		=	X	=			
			÷		=	x	=			
<b>4</b> Computation of DSEs for Substitute- Basis Stations	Was carried tions in effections in effective space l). Column 2: at your option. Column 3: Column 4:	ect on October 19, 1976 one or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colur This is the station's DSE	titution for a pr (as shown by t vork programs of e number of liv sspond with the rs in the calend mn 2 by the fig c (For more info	ogram that your system the letter "P" in column during that optional carries e, nonnetwork program a information in space lar year: 365, except in ure in column 3, and g prmation on rounding, s	m was permitted 7 of space I); an riage (as shown by ns carried in subs a leap year. ive the result in c see page (viii) of	to delete under FCC rule d y the word "Yes" in column stitution for programs that column 4. Round to no les the general instructions i	2 of t were deleted as than the third	m).		
		SL		-BASIS STATION		ATION OF DSEs	1			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
			÷	=			•	=		
			÷	=		4	•	=		
			÷ ÷	=			•	-		
			÷	Ē				=		
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p				0.00	•	=		
5		ER OF DSEs: Give the an s applicable to your syste		boxes in parts 2, 3, and	d 4 of this schedu	le and add them to provide	e the tota			
Total Number	1. Number o	of DSEs from part 2●				•	2.00			
of DSEs		of DSEs from part 3●				<u>&gt;</u>	0.00			
	3. Number o	of DSEs from part 4●				•	0.00			
	TOTAL NUMBE	ER OF DSEs				,		2.00		

LEGAL NAME OF C							S	YSTEM ID#	Name
TDS Broadbar	nd Service LLO	2						7636	Name
Instructions: Bloc	ck A must be com	pleted.							
In block A: • If your answer if	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
<ul><li>schedule.</li><li>If your answer if</li></ul>	"No." complete blo	ocks B and C	below.						
BLOCK A: TELEVISION MARKETS									
Is the cable syster effect on June 24,		outside of all	major and sma	aller markets as de	efined under s	section 76.5 of	FCC rules and re	gulations in	3.75 Fee
		schedule-[	DO NOT COM	PLETE THE REM	AINDER OF I	PART 6 AND 7	,		
	lete blocks B and								
		BL OC		IAGE OF PERI		SEe			
Column 1:	List the call signs			part 2, 3, and 4 o			tem was permitte	d to carry	
CALL SIGN	under FCC rules	and regulation The DSE Sche	ons prior to Ju dule. (Note: Th	ne 25, 1981. For fi ne letter M below r	urther explan	ation of permit	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	les and regu	lations cited b	nsis on which you o elow pertain to tho rket quota rules [7	ose in effect o	n June 24, 198		ı tc	
GARNIAGE	<ul> <li>B Specialty stati</li> <li>C Noncommeric</li> <li>D Grandfathered instructions for</li> <li>E Carried pursual</li> </ul>	al educationa d station (76. or DSE scheo ant to individ	al station [76.5 65) (see parag dule). ual waiver of F	76.59(d)(1), 76.61( 9(c), 76.61(d), 76. graph regarding su FCC rules (76.7) ne or substitute ba	63(a) referrin bstitution of g	g to 76.61(d) grandfathered s			
		JHF station w	vithin grade-B	contour, [76.59(d)			ferring to 76.61(e)	(5)	
Column 3:		e stations ide	entified by the l	n parts 2, 3, and 4 etter "F" in columr			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KRPV-DT KCHF	0	1.00 1.00							
								2.00	
		В	LOCK C: CO	MPUTATION O	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs from	m block B abo	ove					
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		5 rate.			
Line 4: Enter gro	oss receipts from	space K (p	age 7)						Do any of the DSEs represent
							x 0.03	375	partially permited/
Line 5: Multiply li	ine 4 by 0.0375	and enter si	um here				<u> </u>		partially nonpermitted carriage?
Line 6: Enter tota	al number of DS	Es from line	93				. <u></u>		If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter her	re and on line	2, block 3, spac	e L (page 7)	)		0.00	

DSE SCHEDULE. PAGE 13.

ACCOUNTING PERIOD: 2020/1

							I	DSE SCHE	DULE. PAGE 14.	
	LEGAL NAME OF OWN	IER OF CABLE \$	SYSTEM:					S	YSTEM ID#	
Name	TDS Broadbane	d Service LL	.C						7636	
Name Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	TDS Broadband Service LLC       7636         Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.       Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule       Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981       Column 3: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981       Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters       (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.         A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, section: 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).       B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).         S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.         Column 5: Indicate the DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule         Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.									
		,	0	, ,	t be accurate and is sub	ject to verifo	cation from the	designa	ter	
	statement of accourt	nt on fle in the l	Licensing Division							
		DEDMITTE			D ON A PART-TIME A					
	1. CALL	2. PRIOF	_	OUNTING	4. BASIS OF		RESENT	6 0	ERMITTED	
	SIGN	2. PINO		RIOD	CARRIAGE		DSE	0. F	DSE	
		DOL			O/ II II II IOE	•	502		DOL	
7	Instructions: Block A	must be comp	leted.							
-	In block A:	«X								
Computation	,		e blocks B and C,			1				
of the	If your answer is	"No," leave blo		•	part 8 of the DSE sched					
Syndicated			BLOCK	( A: MAJOR )	TELEVISION MARK	(ET				
Exclusivity										
Surcharge	<ul> <li>Is any portion of the c</li> </ul>	able system wit	thin a top 100 majo	r television marl	ket as defned by section	76.5 of FCC	rules in effect J	une 24, 7	1981?	
	Yes—Complete	blocks B and C	Ο.		X No—Proceed to	o part 8				
	BLOCK B: Ca	arriage of VHF/	Grade B Contour	Stations	BLOC	K C: Compu	itation of Exem	npt DSEs		
	Is any station listed in commercial VHF stati or in part, over the ca	on that places a			Was any station listen nity served by the ca to former FCC rule 70	ble system p		carried in any commu- arch 31, 1972? (refe		
	Yes—List each si	tation below with	its appropriate pern	nitted DSE	Yes—List each s	tation below	with its appropria	ate permi	ted DSE	
	X No—Enter zero a				X No—Enter zero					
						and proceed	o part o			
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIG	SN	DSE	
						-				
						-				
			TOTAL DSEs	0.00			TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	TDS Broadband Service LLC	7636	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,099,790.86	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?     Yes—Complete part 9 of this schedule.     X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here	_	
	G. Add lines A. C. and F. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

	1	DSE SCHEDUL						
Name		ME OF OWNER OF CABLE SYSTEM: S	STEM ID# 7636					
<b>7</b> Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1).  B. Enter 0.00189 of gross receipts (the amount in section 1).  S C. Multiply line B by 3.000 and enter here.  S C. Multiply line B by 3.000 and enter here.  S C. 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.  S C. 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.  S C. Multiply Surcharge.  C. Multiply Surcha						
<b>8</b> Computation of Base Rate Fee	<ul> <li>Instructions:</li> <li>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.</li> <li>In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.</li> <li>If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.</li> <li>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.</li> <li>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.</li> </ul>							
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS						
	<u>L</u>	X   Yes—Complete part 9 of this schedule.       No—Complete the following sections.						
	Section 1	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE						
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)						
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)	0.00					

#### DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	۱ ۱
TDS E	Broadband Service LLC 7636	Name
Section	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.	
4	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) <b>*</b>	of Base Rate Fee
	C. Multiply line B by 3.000 and enter here <b>▶</b>	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) ▶ \$	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
	Base Rate Fee \$ 0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall	
instead Space	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 this on, you must:	of Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Exclusivity Surcharge
-	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However,	Partially Distant
-	cable system is wholly located outside all major television markets, complete block A only.	Stations, and for Partially
	Identify a Subscriber Group for Partially Distant Stations : For each community served, determine the local service area of each wholly distant and each partially distant station you	Permitted Stations
	to that community. : For each wholly distant and each partially distant station you carried, determine which of your subscribers were located	otations
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.	
-	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber	
groups.	I 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 bers in the group.	
• lf:		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,	
•	6 of this schedule. ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions	
	paper SA3 form. Note 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. DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your calculations on the form.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM
	TDS Broadband Service LLC	7
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K.	
	Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams	
	Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNE						SY	*STEM ID 7636	Name
В		COMPUTATION OF		TE FEES FOR EAC			_	
		SUBSCRIBER GROU	Р				P	9
COMMUNITY/ AREA	nopps,			COMMUNITY/ ARE	A Eunice, i	NIVI		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				KRPV-DT	1.00			Base Rate Fee
				KCHF	1.00			and
								Syndicated Exclusivity
								Surcharge
								for
		-						Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			2.00	
Gross Receipts First G	roup	<u>\$</u> 1,038,	074.56	Gross Receipts Sec				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	1,089.29	
	THIRD	SUBSCRIBER GROU	Р					
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	irth Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	Irth Group	\$	0.00		
Base Rate Fee: Add th			iber group	as shown in the boxes	s above.			
Enter here and in block	(3, line 1, s	space L (page 7)				\$	1,089.29	