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.

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
	\$				
2-26-21	ALLOCATION NUMBER				

### 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	2020/2				
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busines If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire acco	ss of the cable syster on the last day of to	em. he accounting period should so		21065
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	TDS Broadband Service LLC				
	Baja Broadband				
				21065	20202
				21065	2020/2
	525 Junction Rd. Madison, WI 53717-2152				
	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ess and operation of the sy	stem unless	these
С	names already appear in space B. In line 2, give the mailing address of	•			
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	MAILING ADDRESS OF CABLE SYSTEM:				
	(Number, street, rural route, apartment, or suite number)				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and i	elist on page	e 1b
Area Served	with all communities. CITY OR TOWN	STATE			
First	Ruidoso	NM			
Community	Below is a sample for reporting communities if you report multiple ch		Snace G		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB G	SRP#
Sample	Alda	MD	Α	1	
Sample	Alliance	MD	В	2	
	Gering	MD	В	3	

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

**ACCOUNTING PERIOD: 2020/2** FORM SA3E. PAGE 1b. **SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: 21065 TDS Broadband Service LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN CH LINE UP SUB GRP# STATE Ruidoso NM AA **First Ruidoso Downs** NM AA 1 Community Lincoln NM AA 1 Capitan NM AA 1 Alto NM AA 1 See instructions for additional information on alphabetization. Add rows as necessary.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

SYSTEM ID#

21065

## Ε

#### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK 1					BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:				Ħ				
<ul> <li>Service to first set</li> </ul>	2,628	\$	25.00					
<ul> <li>Service to additional set(s)</li> </ul>								
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel	323	\$8.8	36-\$12.25					
Commercial								
Converter								
<ul> <li>Residential</li> </ul>	1,304	\$	5.95/Mo.					
<ul> <li>Non-residential</li> </ul>								
		T		1 ["		I	T	

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

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

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 21065 TDS Broadband Service LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. 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 multicast 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 in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial 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 explanation 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 your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE . DISTANT? BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) KOAT Ν No Albuquerque, NM 7.1 **KOAT-DT2** 7.2 N-M No Albuquerque, NM See instructions for additional information on **KOAT-DT3** 7.3 N-M No Albuquerque, NM alphabetization. **KBIM** Ν No Roswell, NM 10.1 **KBIM-DT2** 10.2 N-M No Roswell, NM KOBR 8.1 Ν No Roswell, NM **KOBR-DT2** Roswell, NM 8.2 N-M No KLUZ 14.1 ı No Albuquerque, NM **KVIA** 7.1 0 El Paso, TX Ν Yes **KUPT** Hobbs, NM 29.1 ı No **KUPT-DT2** 29.2 I-M No Hobbs, NM 15.1 Hobbs, NM KTEL No KRTN 29.3 ı No Hobbs, NM **KASA** 2.1 ı No Santa Fe, NM K42EY-D Ε 0 Las Cruces, NM 42.1 Yes **KRPV-DT** 27.1 ı No Roswell, NM **KCHF** No Albuquerque, NM 11.1 ı K45IL-D 45.1 No Hobbs, NM ı

FORIVI SASE, PAGE 3.		/OTEN 4			SYSTEM ID#	
TDS Broadband					21065	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during to ons in effect or 5.61(e)(2) and ( sis, as explaine	he accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of cert (1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television
basis under specifc FC			•	s carried by your c	sable system on a substitute program	relevision
<ul> <li>Do not list the station</li> </ul>	here in space	G-but do lis		ne Special Statem	ent and Program Log)—if the	
basis. For further in in the paper SA3 fo Column 1: List eac	and also in spa formation cond rm. h station's call	ace I, if the stace I, if the	tute basis statio	ns, see page (v) on program service	tute basis and also on some other of the general instructions located as Such as HBO, ESPN, etc. Identify ation. For example, report multi-	
	x-2". Simulcast	streams mus	t be reported in	column 1 (list eac	h stream separately; for example	
WETA-simulcast). <b>Column 2:</b> Give the	e channel numl	ber the FCC h	nas assigned to	the television stat	ion for broadcasting over-the-air in	
its community of licens	e. For example	e, WRC is Ch	•		may be different from the channel	
on which your cable sy			tation is a netwo	ork station, an inde	ependent station, or a noncommercial	
					cast), "I" (for independent), "I-M"	
	, ,		,	•	ommercial educational multicast).	
For the meaning of the Column 4: If the sta					he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi	ce area, see pa	age (v) of the	general instruct	ions located in the	e paper SA3 form.	
-			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat		•	• •	•	, ,	
					y payment because it is the subject	
<u> </u>			, ,	•	stem or an association representing ry transmitter, enter the designa-	
					ther basis, enter "O." For a further	
					ed in the paper SA3 form.	
					y to which the station is licensed by the handle which the station is identifed.	
Note: If you are utilizing				-		
		CHANN	EL LINE-UP	ΔR		
		T				
		_	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	HOMBER	OTATION		(II Diotain)		
	•					

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

**SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 21065 TDS Broadband Service LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. **Column 2:** State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION N/A

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF OWNER OF TDS Broadband Service		EM:				S	YSTEM ID# 21065	Name
SUBSTITUTE CARRIAGE	E. CDECIA	I CTATEME	NT AND DDOOD AM LOO					
In General: In space I, ident substitute basis during the acexplanation of the programm form.	ify every no	nnetwork televi eriod, under spe	sion program broadcast by ecific present and former FC	a distant stati CC rules, regu	llations, or authori	izations.	. For a further	Substitute
1. SPECIAL STATEMENT	Γ CONCER	NING SUBST	TITUTE CARRIAGE					Carriage:
During the accounting per broadcast by a distant stat	•	ır cable system	n carry, on a substitute bas	is, any nonne		prograr <b>Yes</b>		Special Statement and Program Log
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete the	prograi	m	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please a of every no distant state gulations, contion. Do not be used to be adeast stationation and day we "5/7." The swhen the Example: a continuation and regulation of the and regulation of t	attach addition nnetwork televion and that your authorization of use general as A Basketball: deast live, enterstation broadcaton's location (tlons, if any, the when your system of a program carrolisted program ons in effect described and the statement of the s	rision program (substitute pour cable system substitute pour cable system substitute ins. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute or gram was carried by your ied by a system from 6:01:	program) that and for the program that instruction is lice station is lice program. Use cable system 15 p.m. to 6:2 amming that and is enter the less to the program that and is enter the less tha	ensed by the FCC ntified).  List the times are 28:30 p.m. should your system was etter "P" if the liste	ounting other state paper rogram  C or, in the more accurated be require ed pro	ntion nth	
S	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE		7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —		FOR DELETION	
					_			
					_			
					_			

**SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TDS Broadband Service LLC 21065 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log 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 • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS** DATE **FROM** TO **FROM** TO DATE N/A

LEGA	AL NAME OF OWNER OF CABLE SYSTEM:  S Broadband Service LLC		SYSTEM ID# 21065	Name
Inst all a (as pag	OSS RECEIPTS  (ructions: The figure you give in this space determines the form you fle and the amount you mounts (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 core (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.	dary transmismpute this ar	ssion service mount, see 855,380.13	<b>K</b> Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amou	unt of gross receipts)	
• Con • Con • If you accom • If pa	rections: Use the blocks in this space L to determine the royalty fee you owe: explored block 1, showing your minimum fee. explored block 2, showing whether your system carried any distant television stations. Explored block 3 blank. Enter the amount of the property of	s of the DSE	Schedule	Copyright Royalty Fee
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be en slow.	tered on line	2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be entered	on line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee i system's gross receipts for the accounting period.		ent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	855,380.13	
	Enter the result here. This is your minimum fee.	\$	9,101.24	
2 Block	<ul> <li>DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "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> <li>No—Leave block 3 below blank and c</li> <li>Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero</li> </ul>	4, you must	check	
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	\$	4,550.62	
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  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	\$	9,101.24	Cable systems submitting additional
	zero. 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 the Licensing
	Line 4. FILING FEE	_\$_	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	9,826.24	form for submitting the
	EFT Trace # or TRANSACTION ID #			additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Segeneral instructions located in the paper SA3 form and the Excel instructions takes	. • ,		

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 8.

Name		SYSTEM ID#
	TDS Broadband Service LLC	21065
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Stephanie Weber Telephone (608) 664-4721	
	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number)	
	Madison, WI 53717 (City, town, state, zip)	
	Email finance@tdstelecom.com Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified 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, and belief, and are made in good faith.  [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 statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	:2"
	Typed or printed name: Sharon V. Tisdale	
	Title: Assistant Treasurer  (Title of official position held in corporation or partnership)	
	Date: February 26, 2021	

**Privacy Act Notice:** Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
TDS Broadband Service LLC	21065	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."		P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.		Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?		
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name		
Mailing Address  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.		Q
To all explanation of interest assessment, see page (viii) of the general instructions in the paper one form.		
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
X		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x da	ays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0.00274		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	-	
(interest charge	je)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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 Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

**ACCOUNTING PERIOD: 2020/2** 

DSE SCHEDULE, PAGE 11. (CONTINUED)

						/A===1.1.15.11				
1	LEGAL NAME OF OWNER OF CABLI	E SYSTEM:			S	STEM ID#				
	TDS Broadband Service	LLC				21065				
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:							
	<ul> <li>Add the DSEs of each station</li> </ul>									
	Enter the sum here and in line	1 of part 5 of this	s schedule.	91	0.50					
	Instructions:			L		J				
2	Instructions:  In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5									
_	of space G (page 3).									
Computation	In the column headed "DSE"			as "1.0"; for e	each network or noncom-					
of DSEs for	mercial educational station, give	e the DSE as ".2								
Category "O"			CATEGORY "O" STATION		1	1				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	KVIA	0.250								
	K42EY-D	0.250								
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										
	***************************************									
		·								

<b>,</b>			<b>=</b> 111111111111111111111111111111111111

	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						S'	YSTEM ID#	
Name	TDS Broadba	and Service LLC							21065	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should correspond with the information given in space J. Calculate only one DSE for each station.  Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper									
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTATION	ON OF DSEs				
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGI VALUE		TYPE VALUE	6. DSI	E	
			÷ ÷		=	x		=		
			- -		=	x				
			÷		=	X		=		
			÷ ÷		=	X		=		
			÷		=	x		=		
			÷		=	x		=		
	Add the DSEs	OF CATEGORY LAC Soft each station.  m here and in line 2 of page 1.		hedule,	▶		0.00			
Computation of DSEs for Substitute-Basis Stations	<ul> <li>Was carried tions in effe</li> <li>Broadcast of space I).</li> <li>Column 2: If at your option.</li> <li>Column 3: If Column 4: If Column 4: If Column 4: If the column</li></ul>	e the call sign of each stall by your system in substict on October 19, 1976 (and or more live, nonnetword each station give the This figure should correstanter the number of days Divide the figure in column of the station's DSE of the stat	itution for a prass shown by took programs of humber of livespond with the in the calendary by the figures.	ogram that your syster the letter "P" in column during that optional carres, nonnetwork programe information in space I lar year: 365, except in ure in column 3, and gi	n was permitted to 7 of space I); and riage (as shown by the as carried in substict. a leap year. ve the result in col	delete under Fi the word "Yes" in itution for progra	CC rules and column 2 of the that were one less that	deleted	m).	
		SU	BSTITUTE	-BASIS STATION	IS: COMPUTA	TION OF DS	Es			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMBE OF PROGR		NUMBER OF DAYS IN YEAR	4. DSE	
		<u>:</u>		=			÷		=	
		÷ ÷		=			÷ ÷		=	
		÷		=			÷		=	
		÷		= =			÷		= <mark></mark>	
	Add the DSEs	OF SUBSTITUTE-BASI	S STATIONS	:	▶		0.00			
5		R OF DSEs: Give the amage applicable to your system		boxes in parts 2, 3, and	d 4 of this schedule	and add them to	provide the to	otal		
Total Number	1. Number of	f DSEs from part 2 ●			<b>&gt;</b>		0.	<u>50</u>		
of DSEs	2. Number of	f DSEs from part 3 ●			<b>&gt;</b>	•		00		
	3. Number of	f DSEs from part 4 ●			<b>&gt;</b>		0.	<u>00</u>		
	TOTAL NUMBE	R OF DSEs							0.50	

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

	OWNER OF CABLE S						S	YSTEM ID# 21065	Name
								21003	
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of p	•	7 of the DSE sched	lule blank and	complete part	8, (page 16) of th	e	6
•			BLOCK A:	TELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24  X Yes—Com  No—Comp  Column 1:	nplete part 8 of the plete blocks B and List the call signs	schedule—D C below.  BLOG of distant sta	O NOT COMP	PLETE THE REMAINED	NDER OF PA	RT 6 AND 7.  Es that your syste	m was permitted t	o carry	
CALL SIGN Column 2:	instructions for th Satellite Television	e DSE Scheon Extension	dule. (Note: Th and Localism /	,	fers to an exe	mpt multicast s			
BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous	les and reguled pursuant to as defined al education as tation (76.6 r DSE schedant to individuviously carried of the station will be station.	lations cited be to the FCC mar  I in 76.5(kk) (70 al station [76.59 65) (see paragiule).  Jual waiver of F0 d on a part-time ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on 5.57, 76.59(b), 0(1), 76.63(a) 3(a) referring stitution of gradistitution of gradis	June 24, 1981 76.61(b)(c), 70 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o etter "F" in column 2			rksheet on page 1	4 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	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
₋ine 1: Enter the	e total number of	DSEs from	part 5 of this s	schedule					
ine 2: Enter the	e sum of permitted	d DSEs fron	n block B abo	ve					
	line 2 from line 1 leave lines 4–7 bl			_		ate.			
ine 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
ine 5: Multiply I	ine 4 by 0.0375 a	ınd enter su	m here				x		permited/ partially nonpermitted carriage?
ine 6: Enter tot	al number of DSE	Es from line	3						If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

Name	TDS Broadban								<u>.</u>	21065	
Worksheet for Computating the DSE Schedule for Permitted 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, 1982.  Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1).  Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters:  (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections									81. e entered	
	1. CALL	PERMITT 2. PRI		TIONS CARRI	EĎ	ON A PART-TIME AN 4. BASIS OF		TUTE BASIS RESENT	6 DI	ERMITTED	
	SIGN	DSE		ERIOD		CARRIAGE		DSE	0. PI	DSE	
<b>7</b> Computation of the	•	"Yes," comple	ete blocks B and C		pa	art 8 of the DSE schedu	ıle.				
Syndicated			BLOC	CA: MAJOR	TI	ELEVISION MARKI	ET				
Exclusivity Surcharge	• Is any portion of the	cable system v	within a top 100 maj	or television ma	rke	et as defned by section 7	76.5 of FCC	rules in effect	June 24,	1981?	
	Yes—Complete	blocks B and	IC.			X No—Proceed to	part 8				
	BLOCK B: Carriage of VHF/Grade B Contour Stations BLOC							CK C: Computation of Exempt DSEs			
Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system?  Yes—List each station below with its appropriate permitted DSE  No—Enter zero and proceed to part 8.  Was any station listed in block B of p nity served by the cable system prior to former FCC rule 76.159)  Yes—List each station below with  No—Enter zero and proceed to part 8.								•			
									opriate permitted DSE		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	
			-								
							-				
				2.22							
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID#	Name
	TDS Broadband Service LLC	21065	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	855,380.13	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.	25	
	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 D3 is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule.  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		

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE PAGE 16

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
		TDS Broadband Service LLC	21065					
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		A. Enter 0.00300 of gross receipts (the amount in section 1)						
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)						
Surcharge		C. Multiply line B by 3.000 and enter here						
		D. Enter 0.00089 of gross receipts (the amount in section 1)						
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here						
		F. Multiply line D by line E and enter here						
		G. Add lines A, C, and F. This is your surcharge.						
Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge								
	Instru	tions:						
8		sust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.	t					
	• In blo	ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.						
Computation of	1	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belov	N					
Base Rate Fee	blank	X.						
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local						
	service	e 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) ▶ _\$	<u> </u>					
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.						
	2	(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)▶ \$						
		D. Enter 0.00704 of groce receipts						
		B. Enter 0.00701 of gross receipts  (the amount in section 1)  ▶						
		C. Subtract 1.000 from total DSEs						
		(the figure in section 2) and enter here						
		D. Multiply line B by line C and enter here	_					
		E. Add lines A, and D. This is your base rate fee. Enter here						
		and in block 3, line 1, space L (page 7)	0.00					
		Base Rate Fee	0.00					

U.S. Copyright Office

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/2

. = -		
	AME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#	Name
TDS	Broadband Service LLC 21065	
Section 4	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  (the amount in section 1)  ▶ \$	8
	B. Enter 0.00701 of gross receipts  (the amount in section 1)  **State	Computation of
	C. Multiply line B by 3.000 and enter here ▶\$	Base Rate Fee
	D. Enter 0.00330 of gross receipts	
İ	(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 <b>&gt;</b> \$	
	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   State Fee   O.00	
shall in	<b>ETANT:</b> It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-	9
In Gen	Space G.  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 clusion, you must:	of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.  : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge for
must a	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 lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. er, if your cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations  For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located 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.)	
subscr	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 ber groups.	
	section:	
• Identi	fy the communities/areas represented by each subscriber group.	
subscr	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.	
, .	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	or this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, 6 of this schedule.	
•	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions apper SA3 form.	
page. DSEs f	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show stual calculations on the form.	

CALL SIGN   DBE	LEGAL NAME OF OWNE TDS Broadband S						S	21065	Name
COMMUNITY/AREA	[	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACI	H SUBSCR	IBER GROUP		
CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   Base Rate   Call SIGN   Call		FIRST	SUBSCRIBER GROU	Р		SECONE	SUBSCRIBER GROU	JP	•
CALL SIGN   DSE   CALL SIGN	COMMUNITY/ AREA	Ruidos	o, NM		COMMUNITY/ AREA	9 Computation			
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of			
Syndical Exclusive   Section   Sec	KVIA	0.25							Base Rate Fee
Exclusive Surchant of the control of	K42EY-D	0.25							and
Surchan									Syndicated
Community   Comm									Exclusivity
Partial Distant   Station   Post									Surcharge
Distant Station    Community									
Total DSEs									-
Total DSEs									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									Stations
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN									
Base Rate Fee First Group  THIRD SUBSCRIBER GROUP COMMUNITY/ AREA  O CALL SIGN DSE CAL	Total DSEs			0.50	Total DSEs			0.00	
THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA   CALL SIGN  DSE  CALL	Gross Receipts First G	roup	\$ 855	,380.13	Gross Receipts Seco				
COMMUNITY/ AREA	Base Rate Fee First G	roup	\$ 4	,550.62	Base Rate Fee Seco	and Group	\$	0.00	
CALL SIGN   DSE   CALL SIGN		THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	JP	
Total DSEs Gross Receipts Third Group  Base Rate Fee Third Group  3 0.00  Base Rate Fee Third Group  3 0.00  Base Rate Fee Fourth Group  3 0.00  Base Rate Fee Fourth Group  4 0.00  Base Rate Fee Fourth Group  5 0.00  Base Rate Fee Fourth Group  5 0.00	COMMUNITY/ AREA			0	COMMUNITY/ AREA				
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00									
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Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Total DSEs			0.00	Total DSEs			0.00	
	Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee: Add the hase rate fees for each subscriber group as shown in the boyes above	Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Enter here and in block 3, line 1, space L (page 7)  4,550.62				iber group a	as shown in the boxes a	above.	\$	4,550.62	