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.

SA1-2E Short Form

STATEMEN	IT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
-	Transmissions by	DATE RECEIVED	AMOUNT	
	s (Short Form)			<u>coplicsoa@copyright.gov</u>
General instruction in the first tab of		2-26-21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A A	CCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	//YY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20202	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period		1		
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full corp	orate title
Owner	List any other name or names under which	n the owner conducts the business of th	ne cable system.	
	If there were different owners during the a single statement of account and royalty fe		he last day of the accounting period should sul ing period.	bmit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	29451
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	TDS Broadband Service LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	Baja Broadband			
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	525 Junction Rd. (Number, street, rural route, apartment, or suite n	umber)		
	Madison, WI 53717-2152			

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

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.

(City, town, state, zip)

(City, town, state, zip code)

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

С

System

1

2

Nama -	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	TDS Broadband Service LLC	294
	Instructions: List each separate community served by the cable system. A "commu	
	"a separate and distinct community or municipal entity (including unincorporated c	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	as the "first community." Please use it as the first community on all future filings.	,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area	identified city.	i i pri i i i i i i i pri i i i i i i i
Served		
	CITY OR TOWN	STATE
First	FORT CARSON	CO
Community	COLORADO SPRINGS	
Community	COLORADO SPRINGS	
d Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							SYS	TEM II 2945
	TDS Broadband Service	e LLC							294:
_	SECONDARY TRANSMISSION	I SERVICE: SU	IBSCR	IBERS AND R	ATES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including								
Transmission	last day of the accounting period				•			sing on the	
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E ca	all for the numb	er of subs	cribers to the ca			
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular serv		-	•••		•	-	s charged	
	Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed	· ·		,	•	rd rate variation	is within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condary transmi	ssion son	vice that cable	
	systems most commonly provid			-		•			
	that applies to your system. Not								
	categories, that person or entity					•••	•		
	subscriber who pays extra for ca						nder "Serv	rice to the	
	Block 2: If your cable system	•			• • •		e different	from those	
	printed in block 1 (for example,					•			
	with the number of subscribers a	and rates, in the	e right-	hand block. At	wo- or thre	e-word descript	ion of the	service is	
	sufficient.				BLOC	< 2			
		NO. OF		DATE	0.17			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set		196	25.00					
	Service to additional set(s)		130	23.00					
	• FM radio (if separate rate)								
	Motel, hotel			\$7.14-\$10.60					
	Commercial								
	Converter								
	Residential		94	\$5.95/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC						stom's sou	wince that wore	
F	In General: Space F calls for ran not covered in space E, that is,	•			•	• •			
	service for a single fee. There a					•			
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	y billed. If any i	ates are c	harged on a var	lable per-p	program basis,	
ransmissions:			he cab	le system for e	ach of the	applicable servi	ces listed		
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a				ished. List	these other ser	vices in th	ne form of a	
	brief (two- or three-word) description and include the rate for each.						r –		
			1 1					BLOCK 2	
		BLOO							
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	RATE	CATEC	ation: Non-res		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable	RATE	CATEC Install • Mo	ation: Non-res			CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEC Install • Mo • Co	ation: Non-res otel, hotel mmercial		RATE \$0 - \$99.95	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEC Install • Mo • Co • Pa	ation: Non-res otel, hotel mmercial y cable	idential		CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEC Install • Mo • Co • Pa • Pa	ation: Non-res otel, hotel mmercial y cable y cable-add'l cl	idential		CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE	CATEC Install • Mo • Co • Pa • Pa • Fire	ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection	idential		CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	RATE 7.40-19.99 0-49.95	CATEC Install • Mo • Co • Pa • Pa • Fire • Bu	ation: Non-res otel, hotel mmercial y cable y cable-add'l cl	idential		CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE 7.40-19.99 0-49.95	CATEC Install • Mo • Co • Pa • Pa • Fire • Bu Other	ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior	idential		CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	RATE 7.40-19.99 0-49.95	CATEC Install • Mo • Co • Pa • Pa • Firo • Bu • Bu Other • Re	ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior services:	idential	\$0 - \$99.95	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 7.40-19.99 0-49.95	CATEC Install • Mo • Co • Pa • Pa • Fire • Bu • Bu • Bu • Re • Dis	ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior services: connect	idential	\$0 - \$99.95	CATEG	ORY OF SERVICE	RAT

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	TDS Broadband Servi			294
	PRIMARY TRANSMITTERS:			
G	In General: In space G, ide carried by your cable system	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a part	t-time basis under
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru	e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. With respect to any distant stations ca ules, regulations, or authorizations:	61(e)(2) and (4))]; and (2) certain st arried by your cable system on a s	tations carried on a substitute program
	station was carried <i>only</i> on • List the station here, and a basis. For further information	also in space I, if the station was carried on concerning substitute basis stations,	ed both on a substitute basis and al , see page (v) of the general instru	lso on some other ictions.
	Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channed	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele	brogram services such as HBO, ES e-air designation. For example, re	SPN, etc. Identify each port multistream
	Column 3: Indicate in each educational station, by ente (for independent multicast),	/RC is channel 4 in Washington, D.C. In case whether the station is a network sering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), of the general instru-	(for network multicast), "I" (for inde or "E-M" (for noncommercial educa	ependent), "I-M"
	Column 4: Give the locatio	erms, see page (iv) of the general instru on of each station. For U.S. stations, list dian stations, if any, give the name of th	t the community to which the statio	•
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KRDO	13.1	N	Colorado Springs, CO
	KRDO-DT3	13.3	N-M	Colorado Springs, CO
Rows as Necessary	κκτν	11.1	N	Colorado Springs, CO
	KKTV-DT2	11.2	N-M	Colorado Springs, CO
	KXRM	21.1	Ν	Colorado Springs, CO
	KXTU-LD	21.2	N-M	Colorado Springs, CO
	KXTU-LD KOAA	21.2 5.1	N-M N	Colorado Springs, CO Pueblo, CO
	KOAA	5.1	N	Pueblo, CO
	KOAA KOAA-DT2	5.1 5.2	N N-M	Pueblo, CO Pueblo, CO
	KOAA KOAA-DT2 KTSC	5.1 5.2 8.1	N N-M	Pueblo, CO Pueblo, CO Pueblo, CO
	KOAA KOAA-DT2 KTSC KTLO-LP	5.1 5.2 8.1 46.1	N N-M	Pueblo, CO Pueblo, CO Pueblo, CO Colorado Springs, CO
	KOAA KOAA-DT2 KTSC KTLO-LP	5.1 5.2 8.1 46.1	N N-M	Pueblo, CO Pueblo, CO Pueblo, CO Colorado Springs, CO
	KOAA KOAA-DT2 KTSC KTLO-LP	5.1 5.2 8.1 46.1	N N-M	Pueblo, CO Pueblo, CO Pueblo, CO Colorado Springs, CO
	KOAA KOAA-DT2 KTSC KTLO-LP	5.1 5.2 8.1 46.1	N N-M	Pueblo, CO Pueblo, CO Pueblo, CO Colorado Springs, CO
	KOAA KOAA-DT2 KTSC KTLO-LP	5.1 5.2 8.1 46.1	N N-M	Pueblo, CO Pueblo, CO Pueblo, CO Colorado Springs, CO
	KOAA KOAA-DT2 KTSC KTLO-LP	5.1 5.2 8.1 46.1	N N-M	Pueblo, CO Pueblo, CO Pueblo, CO Colorado Springs, CO
	KOAA KOAA-DT2 KTSC KTLO-LP	5.1 5.2 8.1 46.1	N N-M	Pueblo, CO Pueblo, CO Pueblo, CO Colorado Springs, CO
	KOAA KOAA-DT2 KTSC KTLO-LP	5.1 5.2 8.1 46.1	N N-M	Pueblo, CO Pueblo, CO Pueblo, CO Colorado Springs, CO
	KOAA KOAA-DT2 KTSC KTLO-LP	5.1 5.2 8.1 46.1	N N-M	Pueblo, CO Pueblo, CO Pueblo, CO Colorado Springs, CO
	KOAA KOAA-DT2 KTSC KTLO-LP	5.1 5.2 8.1 46.1	N N-M	Pueblo, CO Pueblo, CO Pueblo, CO Colorado Springs, CO
	KOAA KOAA-DT2 KTSC KTLO-LP	5.1 5.2 8.1 46.1	N N-M	Pueblo, CO Pueblo, CO Pueblo, CO Colorado Springs, CO

ounting Period	. 2020/2			FORM SA1-2E. P
NI	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	TDS Broadband Serv	vice LLC		29
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	In General: In space G, id carried by your cable syster FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each station multicast stream associate	entify every television station (including em during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations of rules, regulations, or authorizations: re in space G—but do list it in space I (to n a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations pairs call sign. <i>Do not</i> report origination p ed with a station according to its over-th	<i>t</i> (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each
	of license. For example, W Column 3: Indicate in each educational station, by enter	nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M"	station, an independent station, or a (for network multicast), "I" (for indepe	noncommercial ndent), "I-M"
	Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by entre (for independent multicast) For the meaning of these the Column 4: Give the location FCC. For Mexican or Cana	hel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i the community with which the station	noncommercial indent), "I-M" onal multicast). is licensed by the is identified.
	Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these the Column 4: Give the location	hel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), erms, see page (iv) of the general instr- on of each station. For U.S. stations, lis	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i	noncommercial indent), "I-M" inal multicast).
	Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by entre (for independent multicast) For the meaning of these the Column 4: Give the location FCC. For Mexican or Cana	hel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i the community with which the station	noncommercial indent), "I-M" onal multicast). is licensed by the is identified.
	Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by entre (for independent multicast) For the meaning of these the Column 4: Give the location FCC. For Mexican or Cana	hel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i the community with which the station	noncommercial indent), "I-M" onal multicast). is licensed by the is identified.
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	Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by entre (for independent multicast) For the meaning of these the Column 4: Give the location FCC. For Mexican or Cana	hel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i the community with which the station	noncommercial indent), "I-M" onal multicast). is licensed by the is identified.
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	Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by entre (for independent multicast) For the meaning of these the Column 4: Give the location FCC. For Mexican or Cana	hel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i the community with which the station	noncommercial indent), "I-M" onal multicast). is licensed by the is identified.
	Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by entre (for independent multicast) For the meaning of these the Column 4: Give the location FCC. For Mexican or Cana	hel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis adian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i the community with which the station	noncommercial indent), "I-M" onal multicast). is licensed by the is identified.

TDS Broadb	F OWNER OF							SYSTEM I 294
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
The ceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to ormation abou rm. dentify the call state whether t the radio stat this by placing Sive the station	y the sys be rece at the Co l sign of the static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. fon (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								
		-				·		
		-				·		
]						
						·		
						·		
						·		
						·		
		-				·		
						·		
						·		

Accounting Perio	od: 2020/2					FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	TDS Broadband Servio	ce LLC					29451
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEMEI	NT AND PROGRAM LC)G		
I	In General: In space I, ident substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or authorizatio	ons. For a further
Substitute	explanation of the programm	•			the general ins	tructions in the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN			FITUTE CARRIAGE			
Special Statement and	 During the accounting per 	riod, did you	ur cable systen	n carry, on a substitute b	asis, any nonr	network tel <u>evisi</u> on prog	gr <u>am</u>
Program Log	broadcast by a distant sta	tion?				YES	XNO
	Note: If your answer is "No log in block 2.	", leave the	e rest of this pa	ge blank. If your answer	is "Yes," you i	must complete the pro	ogram
	2. LOG OF SUBSTITUTE		AMS				
	In General: List each subs				ns wherever p	ossible, if their meanii	ng is
	clear. If you need more spa						
	Column 1: Give the title						
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor	0					
	"NBA Basketball: 76ers vs.		Jues of Dask	etball. List specific progr	an ules, ior	example, Those Lucy	01
	Column 2: If the program		dcast live, ente	er "Yes." Otherwise enter	"No."		
	Column 3: Give the call						
	Column 4: Give the broa		•	-			, in
	the case of Mexican or Car			-			
	Column 5: Give the more		when your sys	stem carried the substitut	te program. U	se numerals, with the	month
	first. Example: for May 7 gir Column 6: State the tim		o cubatituto pr	ogram was carried by you	ur cabla sveta	m List the times accu	uratoly
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."	Example.	a program can		n. 15 p.m. to c	.20.30 p.m. should be	
	Column 7: Enter the lett	er "R" if the	listed progran	n was substituted for prog	gramming tha	t your system was <i>req</i>	juired
	to delete under FCC rules a	and regulat	ions in effect d	uring the accounting peri	od; enter the	letter "P" if the listed p	rogram
	was substituted for program	•	your system w	as permitted to delete un	der FCC rules	s and regulations in	
	effect on October 19, 1976						
			E PROGRAM	1		N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
						_	
						_	
						_	
					•••••••••••••••••••••••••••••••••••••••	*	

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 29451
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	smission service
L Copyright Royalty Fee	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	or this six-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	···· \$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	<u>′,</u> 100)
	1. Base amount under statutory formula	<u>) </u>
	2. Enter amount of gross receipts from space K	_
	3. Subtract line 2 from line 1	_
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	. 0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	.7,600)
	1. Enter the amount of gross receipts from space K	_
	2. Base amount under statutory formula \$ 263,800.00	<u> </u>
	3. Subtract line 2 from line 1	_
	4. Multiply line 3 by .01	

	4. Multiply line 5 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	···· <u> </u>	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab f		

2020/2		FORM SA1-2E. PAGE 7.
		SYSTEM ID#
TDS Broadba	and Service LLC	29451
		11
on which the o	cable system carried television broadcast stations	274
		lual to whom
Name	Stephanie Weber	Telephone (608) 664-4721
Address	525 Junction Rd	
Email	Madison, WI 53717 (City, town, state, zip)	ax (optional)
• I, the undersign	ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
ir X (Offi	ent of owner other than corporation or partnership) I am the duly authorized agent of In line 1 of space B and that the owner is not a corporation or partnership; or icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the le In line 1 of space B.	of the owner of the cable system as identified
-	TDS Broadba CHANNELS Instructions: Y to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the and nonbroad INDIVIDUAL T we can contact Name Address Email CERTIFICATION • I, the undersig (Own X (Off in	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried televit to its subscribers, and (2) the cable system's total number of activated channels during the account. 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 . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individ we can contact about this statement of account.) Name Stephanie Weber Address 525 Junction Rd (Number, street, rural route, apartment, or suite number) Madison, WI 53717 (City, town, state, 2p) Ernail Ernail finance@tdstelecom.com F CERTIFICATION (This statement of account must be certified and signed in accordance with Copy • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the duly authorized agent in line 1 of space B and that the owner is not a corporation or partnership; or

X /s/ Sharon V. Tisdale
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
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 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.

ounting Period: 2020/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
S Broadband Service LLC	294
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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statemen Concerning Gross Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT 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 located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x days 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** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
x days 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** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	-
x	-
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	

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.