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				
2-20-21					

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 subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 62990 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM TDS Broadband Service LLC Baia Broadband								
	Baja Broadband			6299020202					
				62990 2020/2					
				02990 2020/2					
	525 Junction Rd. Madison, WI 53717-2152								
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of	•							
System	IDENTIFICATION OF CABLE SYSTEM:			Ton in opaco Bi					
	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 r	elist on page 1b					
Area Served	with all communities. CITY OR TOWN	STATE							
First	MOORESVILLE	NC							
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	Space G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	A	1					
-	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.

ORM SA3E. PAGE 1b.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
TDS Broadband Service LLC			62990						
Instructions: 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.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	ne parks should b	e reported in pare	entheses						
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-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 by	a subscriber gro								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#]					
MOORESVILLE	NC	AA	1	First					
DAVIDSON	NC	AA	1	Community					
CORNELIUS	NC	AA	1						
HUNTERSVILLE	NC	AA	1						
				See instructions for					
				additional information on alphabetization.					
				Add rows as necessary.					
		• • • • • • • • • • • • • • • • • • • •							
				1					

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

SYSTEM ID#
62990

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:								
 Service to first set 	7,152	\$	18.99					
 Service to additional set(s) 								
• FM radio (if separate rate)								
Motel, hotel	9	\$7.0	00-\$10.42					
Commercial								
Converter								
Residential	13,918	\$	6.99/Mo.					
Non-residential								

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		
• Pay cable	\$ 12.91	Motel, hotel		
 Pay cable—add'l channel 		Commercial	\$0 - \$75.00	
Fire protection		• Pay cable		
Burglar protection		 Pay cable-add'l channel 		
Installation: Residential		Fire protection		
• First set	\$0 - \$49.95	Burglar protection		
 Additional set(s) 	\$0 - \$49.95	Other services:		
• FM radio (if separate rate)		Reconnect	\$0 - \$34.95	
Converter		Disconnect		
		Outlet relocation	\$ 14.95	
		Move to new address		

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62990 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 2. B'CAST 3. TYPE . DISTANT? BASIS OF 1. CALL 6. LOCATION OF STATION SIGN **CHANNEL** OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) WBTV-DT1 Ν No Charlotte, NC 3.1 WBTV-DT2 3.2 N-M Charlotte, NC No See instructions for additional information on Charlotte, NC WBTV-DT4 3.4 N-M No alphabetization. Ε WTVI-DT1 42.1 Charlotte, NC No WTVI-DT2 42.2 E-M No Charlotte, NC WTVI-DT3 42.3 E-M No Charlotte, NC WCNC-DT1 Ν 36.1 No Charlotte, NC Charlotte, NC WCNC-DT2 36.2 N-M No WCNC-DT3 36.3 No Charlotte, NC N-M WCNC-DT4 36.4 N-M No Charlotte, NC **WJZY-DT1** 46.1 N No Charlotte, NC **WJZY-DT3** 46.3 N-M No Charlotte, NC WSCO-DT1 9.1 Ν No Charlotte, NC Charlotte, NC WSCO-DT2 9.2 N-M No WMYT-DT1 Charlotte, NC 55 No WAXN-DT1 64 ı No Kannapolis, NC WAXN-DT2 64.2 I-M No Kannapolis, NC WAXN-DT3 I-M No Kannapolis, NC 64.3 WAXN-DT4 64.4 I-M No Kannapolis, NC Ε WUNG-DT1 58.1 No Concord, NC **WUNC-DT2** Concord, NC 58.2 E-M No WUNC-DT3 58.3 E-M No Concord, NC Hickory, NC WHKY-DT1 14.1 ı No WHKY-DT2 Hickory, NC 14.2 I-M No WHKY-DT3 14.3 I-M No Hickory, NC Hickory, NC WHKY-DT4 14.4 I-M No

U.S. Copyright Office

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#			
TDS Broadband	d Service Ll	_C			62990	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the								
station was carried	only on a subs	titute basis.		·	tute basis and also on some other			
basis. For further in in the paper SA3 fo	formation cond	cerning substi	tute basis statio	ns, see page (v) o	of the general instructions located es such as HBO, ESPN, etc. Identify			
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	ation. For example, report multi- h stream separately; for example			
Column 2: Give the			-		ion for broadcasting over-the-air in			
on which your cable sy	stem carried th	ne station.			may be different from the channel			
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"			
(for independent multic	cast), "E" (for n	oncommercia	al educational), c	or "E-M" (for nonce	ommercial educational multicast).			
	ation is outside	the local ser	vice area, (i.e. "	distant"), enter "Y	es". If not, enter "No". For an ex-			
planation of local servi					e paper SA3 form. stating the basis on which your			
cable system carried th	he distant stati	on during the	accounting period	od. Indicate by en	tering "LAC" if your cable system			
carried the distant stat For the retransmiss	•				capacity. y payment because it is the subject			
•				•	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			
					n which the station is identified.			
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AB				
1. CALL SIGN	CHANNEL	3. TYPE OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION			
	NUMBER	STATION		(If Distant)				
	<u> </u>							

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62990 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# 62990	Name
SUBSTITUTE CARRIAGE	E. GDECIA	I STATEME	NT AND PROCEAM LOC	2				
In General: In space I, ident substitute basis during the a explanation of the programm form.	tify every no ccounting pe	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 Yes		Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE			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 of every no distant state gulations, cation. Do not be used to be	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 that is not stated.	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	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES		FOR DELETION	
					_			
					_			
					_			
					_			
					_			
					_			

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TDS Broadband Service LLC 62990 **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

	AL NAME OF OWNER OF CABLE SYSTEM:			SYS	STEM ID#			
TD	S Broadband Service LLC				62990	Name		
Inst all a (as	ructions: The figure you give in this space determines the form you fle and the amount younts (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 consect (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary tra	nsmissio	n service	358 36	K Gross Receipts		
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount of	gross receipts				
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
bloc	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.							
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be er blow.	ntered o	n line 2 ir	n block				
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	ıld be en	tered on	line				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K				259 26			
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		Ψ	1,010,	330.30			
	This is your minimum fee.	\$		19,2	262.21			
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. X No—Leave block 3 below blank and one of the properties of t	n 4, you od?	must che	eck				
Block	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		\$					
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero				0.00			
	Line 3. Add lines 1 and 2 and enter here	\$			_			
Block	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee							
4	from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	19,2	262.21	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		\$	7	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					appropriate form for submitting the		
	EFT Trace # or TRANSACTION ID #]			additional fees.		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Single general instructions located in the paper SA3 form and the Excel instructions ta							

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

Name		SYSTEM ID#
	TDS Broadband Service LLC	62990
M Channels	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.	
Chambio	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 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, 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.	
	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#	Nome				
TDS Broadband Service LLC	62990	Name				
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the 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 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						
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				
roi an explanation of interest assessment, see page (viii) of the general instructions in the paper 3A3 form.		·				
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					
	days					
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u> 1					
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,						
space L, (page 7)	-					
(interest char	rge)					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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)

1	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			SY	STEM ID#						
I	TDS Broadband Service	LLC				62990						
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.											
2 Computation of DSEs for	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). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-											
Category "O"	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Add rows as												
necessary. Remember to copy all formula into new rows.												
				<u> </u>		J						

			=
	I		

Name		and Service LLC					S	62990
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should of Column 3: Column 4: be carried out Column 5: give the type-v Column 6:	et the call sign of all distance to the call sign of all distance to reach station, give to correspond with the information, give to be considered to the figure in column at least to the third decimal at least to the third decimal callular as ".25."	the number of hours yrmation given in space the total number of houmn 2 by the figure in mal point. This is the fisten, give the "type blumn 4 by the figure in	our cable systeme J. Calculate onlurs that the static column 3, and gi basis of carriage -value" as "1.0." In column 5, and g	carried the stati y one DSE for each on broadcast ove ve the result in d value" for the st For each network	on during the accounting ach station. If the air during the accounting the accounting the accounting the accounting the account to the accou	unting period. is figure must cational station, ess than the	
Capacity		(CATEGORY LAC	STATIONS: C	COMPUTATIO	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOI CARRIE SYSTE	JRS OF	IMBER HOURS ATION I AIR	4. BASIS OF CARRIAGE VALUE		6. DS	Ε
			÷	=		x	=	
			<u> </u>			x x		
			÷ ÷	=		x	=	
			÷	=		x	=	
			÷ .	=		<u>x</u>	=	
			÷ ÷	= =		x x	<u>=</u> =	
	Add the DSEs of	OF CATEGORY LAC S of each station. m here and in line 2 of p				0.00		
Computation of DSEs for Substitute-Basis Stations	 Was carried tions in effections in effections in effections. Broadcast of space I). Column 2: Fat your option. Column 3: Each Column 4: Each Column 4	ct on October 19, 1976 one or more live, nonnetweet or each station give the This figure should correct the number of days Divide the figure in columns.	titution for a program (as shown by the lette ork programs during the number of live, nonnespond with the informs in the calendar year and 2 by the figure in contact the calendar of the calendar of the calendar year and 2 by the figure in contact the calendar of the cal	that your system or "P" in column 7 hat optional carrial etwork programs ation in space I. 365, except in a column 3, and give	was permitted to of space I); and ge (as shown by the carried in substitute Ieap year.	delete under FCC rules	of were deleted s than the third	rm).
		SL	JBSTITUTE-BASI	S STATIONS	: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			=			÷		=
						÷		=
			=			÷		=
			=			÷		=
			÷ =			÷		=
	Add the DSEs of	OF SUBSTITUTE-BAS of each station. m here and in line 3 of p				0.00		
5		R OF DSEs: Give the an applicable to your system		in parts 2, 3, and 4	4 of this schedule	and add them to provide		
Total Number		DSEs from part 2 •			>	•	0.00	
of DSEs		DSEs from part 3					0.00	
	3. Number of	DSEs from part 4 ●			>	•	0.00	
	TOTAL NUMBE	R OF DSEs				<u> </u>		0.00

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

	OWNER OF CABLE S nd Service LLC						S	YSTEM ID# 62990	Namo
In block A: • If your answer if schedule.	"Yes," leave the re	emainder of p	below.	7 of the DSE sched		complete part	t 8, (page 16) of th	e	6 Computation of
effect on June 24, Yes—Com	m located wholly ou , 1981? nplete part 8 of the s plete blocks B and	schedule—D					CC rules and regu	lations in	3.75 Fee
		BLO	CK B: CARR	RIAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t ne 25, 1981. For fur ne letter M below ref Act of 2010.)	rther explanati	ion of permitte	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carried 76.61(b)(c)] B Specialty station C Noncommerican D Grandfathered instructions for E Carried pursual *F A station previous	alles and reguled pursuant to as defined all educations detaited to the definition of the definition o	lations cited be to the FCC mard in 76.5(kk) (76 al station [76.59 65) (see paragralule). Lual waiver of FC ad on a part-timerithin grade-B c	ne or substitute basi contour, [76.59(d)(5	se in effect on 6.57, 76.59(b), (c)(1), 76.63(a) (3(a) referring estitution of gradius prior to June	June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to 6.61(e)(1) ations in the		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of etter "F" in column 2			orksheet on page 1	I4 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	3LOCK C: CC	OMPUTATION OF	- 3.75 FEE				
	e total number of l			•					
	e sum of permitted								
	line 2 from line 1. leave lines 4–7 bl			-		ate.		0.00	
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	line 4 by 0.0375 a	ınd enter su	m here				X		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line	3				.		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	line 6 by line 5 and	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00	

Name	TDS Broadban	d Service L	.LC								62990	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried price Column 1: List the column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Formal A—Part-time sports 76.59 B—Late-night properties of the column 5: Indicate Column 5: Indicate Column 6: Compare in block	or to June 25, call sign for eathe DSE for the accounting the basis of continuous contin	1981, under former ach distant station ion is station for a sing g period and year in arriage on which the regulations cited be mming: Carriage, or (1), or 76.63 (refer Carriage under FCC certain FCC rules, is in the paper SA3 for the current ures listed in column of part 6 for this states ou give in columns 2	rFCC rules governed the ple accounting per which the care station was color pertain to the apart-time barring to 76.61(e) rules, sections regulations, or accounting per as 2 and 5 and ation.	verilet let per riag arr tho asi:)(1 s 7 aut	rnin tter riod ige ried ose is, (1)). 76.5 ttho	tifed by the letter "F" in g part-time and substite" in column 2 of part-time between and DSE occurred (d by listing one of the in effect on June 24 of specialty programs 59(d)(3), 76.61(e)(3), prizations. For further is computed in parts the smaller of the two accurate and is subjective.	stitute carria art 6 of the January 1 e.g., 1981/ e following I , 1981.) ming under , or 76.63 (i r explanation 2, 3, and 4 figures her	age.) DSE schedule, 1978 and Jun 1). etters: FCC rules, se referring to on, see page (v of this schedule.	e 30, 19 ctions i) of the	e entered	
	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS											
	1. CALL	2. PRIC		COUNTING			4. BASIS OF		RESENT	6. P	6. PERMITTED	
	SIGN	DSE	PE	ERIOD			CARRIAGE	[DSE		DSE	
7 Computation of the Syndicated	•	"Yes," comple	ete blocks B and C, ocks B and C blank	and complete			8 of the DSE schedu EVISION MARKI					
Exclusivity												
Surcharge	• Is any portion of the	•	•	or television ma	rke	_			rules in effect	June 24,	1981?	
	Yes—Complete	blocks B and	C .			Į	X No—Proceed to	part 8				
	BLOCK B: Ca	arriage of VHI	-/Grade B Contour	Stations			BLOCK	C: Compu	Itation of Exem	pt DSEs	3	
	Is any station listed in commercial VHF statior in part, over the ca	ion that places				ni	as any station listed ty served by the cabl former FCC rule 76.	le system p	•	-		
	Yes—List each s X No—Enter zero a		th its appropriate perr part 8.	mitted DSE			Yes—List each sta X No—Enter zero ar			ate permi	tted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE	.		CALL SIGN	DSE	CALL SIG	:N I	DSE	
	CALL SIGN	DOE	CALL SIGN	DOE			CALL SIGN	DSE	CALL SIG	71 V	DOL	
						$\ \ $						
						$\ \ $						
		TOTAL DSEs 0.00										

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 62990	Name
		02990	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,810,358.36	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. No—Complete the applicable section below.	0.5	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	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 4b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE PAGE 16

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
		TDS Broadband Service LLC	62990						
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							
	last:	etiono.							
8	You m	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5.	part						
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.							
of		ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	elow						
Base Rate Fee	blank What i	t. 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 "loc	cal						
	service area," see page (v) of the general instructions.								
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	rour 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	BEGORD. NO 1711CTIVE DIGITALLY GITATIONS GOVERNOUS BROCKNETEL							
	1	Enter the amount of gross receipts from space K (page 7) ▶\$							
	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 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.							
		A. Enter 0.01064 of gross receipts (the amount in section 1)							
		B. Enter 0.00701 of gross receipts							
		(the amount in section 1)							
		C. Subtract 1.000 from total DSEs							
		(the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here							
		E. Add lines A, and D. This is your base rate fee. Enter here							
		and in block 3, line 1, space L (page 7)	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# 62990	Namo
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
7	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) \$	Computation of
	C. Multiply line B by 3.000 and enter here ► \$	Base Rate Fee
	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	
shall ir	RTANT: 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-Space G.	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude 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:	Computation of Base Rate Fee
station DSEs	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.	Exclusivity Surcharge
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.	for Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations : For each community served, determine the local service area of each wholly distant and each partially distant 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 at the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by me 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 iber 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.	
subscr	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.	
	n section:	1
• Give	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 ibers in the group.	
• If:		
and 4	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,	
,	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.	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions paper SA3 form.	
page.	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 for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

your actual calculations on the form.

EGAL NAME OF OWNE							62990	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	BER GROUP		
		SUBSCRIBER GRO	UP		9			
COMMUNITY/ AREA	Moores	sville, NC		COMMUNITY/ AREA		Computa		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
								Exclusiv Surchar
								for
								Partiall
								Distant
								Station
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	s 1,81	0,358.36	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Sase Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
			criber group a	as shown in the boxes	above.		0.00	
nter here and in block	3, line 1, s	space L (page 7)				\$	0.00	