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					
	\$					
	ALLOCATION NUMBER					
2-26-21						

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 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 system on the last day of the	em. he accounting period should so	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	TDS Broadband Service LLC			
	Bend Broadband			
				728020202
				7280 2020/2
	525 Junction Rd.			
	Madison, WI 53717-2152			
С	INSTRUCTIONS: In line 1, give any business or trade names used to	•		
C	names already appear in space B. In line 2, give the mailing address of	of the system, if di	fferent from the address gi	ven in space B.
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 con	nmunity served below and i	elist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First Community	Bend	OR		
Community	Below is a sample for reporting communities if you report multiple ch		<u>'</u>	CLID CDD#
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP A	SUB GRP#
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 suffciency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b. **SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: 7280 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. STATE CITY OR TOWN CH LINE UP SUB GRP# **Bend** OR AA **First Sisters OR AA** 1 Community Redmond OR **AA** 1 **Sunriver OR** AA 1 **Caldera Springs OR** AA 1 1 **Black Butte Ranch OR** AA See instructions for **Unincorporated Deschutes County OR** AA additional information on alphabetization. Add rows as necessary.

Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 7280

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.

BLO	OCK 1			BLOCK 2				
	NO. OF			NO. C				
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE SUBSCRI	IBERS RATE			
Residential:								
 Service to first set 	31,047	\$	25.00					
 Service to additional set(s) 								
 FM radio (if separate rate) 								
Motel, hotel	2,108	16.8	8-\$23.32					
Commercial								
Converter								
 Residential 	44,794		6/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.

BLO	CK 1		BLOCK 2	
RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
	Installation: Non-residential			
9.99-19.99	 Motel, hotel 			
	Commercial	\$0-\$99.95		
	• Pay cable			
	 Pay cable-add'l channel 			
	 Fire protection 			
0-49.95	Burglar protection			
0-49.95	Other services:			
	 Reconnect 	0-25		
	Disconnect			
	Outlet relocation	19.98-39.96		
	Move to new address			
	9.99-19.99 0-49.95	9.99-19.99 Motel, hotel Commercial Pay cable Pay cable-add'l channel Fire protection Burglar protection O-49.95 Other services: Reconnect Disconnect Outlet relocation	RATE CATEGORY OF SERVICE RATE Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection 0-49.95 Other services: • Reconnect • Disconnect • Outlet relocation 19.98-39.96	RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection 0-49.95 Other services: • Reconnect • Disconnect • Outlet relocation 19.98-39.96

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7280 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) KOHD 51.1 Ν No Bend, OR Bend, OR **KBNZ-LD** 7.1 Ν No See instructions for additional information on **KFXO** 39.1 N No Bend, OR alphabetization. KTVZ Ν Bend, OR 21.1 No KTVZ-DT2 21.2 N-M No Bend, OR K45KM 45.1 No Bend, OR Т **KOAB** Ε Bend, OR 3.1 No **KOAB-DT3** E-M 3.3 No Bend, OR

PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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 in space G—but do list it in space I (the Special Statement and Program Log)—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 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	
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1. CALL SIGN CHANNEL LINE-UP AB 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE (If Distant) 6. LOCATION OF STATION	

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7280 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# 7280	Name
SUBSTITUTE CARRIAGE	E. SDECIA	I STATEME	NT AND PROCEAM LO	2				
In General: In space I, ident substitute basis during the a explanation of the programm form.	ify every no ccounting pe	nnetwork televi eriod, under spe	sion program broadcast by ecific present and former F0	a distant stati CC rules, regu	ılations, 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, contion. Do not be used to b	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 is. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Pasting the substitute programe community to which the community with which the tem carried the substitute or gram was carried by your fied by a system from 6:01:	program) that ed for the program instruction." The station is lice station is ide program. Use cable system 15 p.m. to 6:20 amming that ed; enter the less to the program in the less to the system of the system o	ensed by the FCC entified). List the times a 28:30 p.m. should your system was etter "P" if the list	ounting other state paper or ogram C or, in the more accurated be required pro	ntion nth ly	
S	UBSTITUT	E PROGRAM	1		EN SUBSTITUTI		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	
					_			
					_			
					_			
					_			
					_			
					_			
					_			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TDS Broadband Service LLC 7280 **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:			SYSTI	EM ID#	
TD	S Broadband Service LLC				7280	Name
Inst all a (as	OSS RECEIPTS Tructions: 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 conce (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary tra	ınsmissio	n service	7.40	K Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount of	gross receipts)		
InstruConIf your feeIf you accompany	rections: Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. Bour system did not carry any distant television stations, leave block 3 blank. Enter the amount of the property of the pro	ts of the	DSE Scl	nedule		Copyright Royalty Fee
bloc	k 3 below.					
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be er slow.	nterea o	n iine 2 ir	1 DIOCK		
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoul block 4 below.	ld 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.		percent	of the	. 10	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	7,312,217	7.40	
	Enter the result here. This is your minimum fee.	\$		77,801	1.99	
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ispace 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 on the column television in the column television stations. 	n 4, you d?	must che	eck		
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero		\$			
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			C	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	Ψ				
4	from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	77,801	1.99_	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.				0.00	deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			C	0.00	Section 111(d)(7) should contact
	Line 4. FILING FEE		\$	725	5.00	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	\$		78,526	6.99	appropriate form for submitting the
	EFT Trace # or TRANSACTION ID #]			additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form and the Excel instructions ta					

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	TDS Broadband Service LLC	7280
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast static to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	ons
G.I.d.III.G.G	Enter the total number of channels on which the cable system carried television broadcast stations	8
	Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	337
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)	8) 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 regulation	ons.)
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 in line 1 of space B and that the owner is not a corporation or partnership; or	m as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of in line 1 of space B.	f the cable system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here 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)]	ein
	X /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 bound button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility	
	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#	Nama
TDS Broadband Service LLC	7280	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the 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		
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
Line 4. Enter the consecut of late reconsect an analysis and		Interest
Line 1 Enter the amount of late payment or underpayment		Assessment
X		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
xd	ays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(interest char	ge)	
* 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)

4	LEGAL NAME OF OWNER OF CABLE	SYSTEM:			SY	STEM ID#			
1	TDS Broadband Service LLC 7280								
	SUM OF DSEs OF CATEGOR • Add the DSEs of each station Enter the sum here and in line			ŀ	0.00				
2 Computation	Instructions: In the column headed "Call Sof space G (page 3). In the column headed "DSE"	: for each indep	endent station, give the DSE						
of DSEs for Category "O"	mercial educational station, giv	e the DSE as .2	25. CATEGORY "O" STATION	NS: DSFs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Add rows as necessary. Remember to copy all formula into new									
rows.									

,			= 111111111111111111111111111111111111

Nome	LEGAL NAME OF (OWNER OF CABLE SYSTEM:						5	SYSTEM ID#			
Name	TDS Broadband Service LLC 728											
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	CATEGORY L	AC STATIONS:	COMPUTAT	ION OF D	SEs					
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	JRS ED BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE		5. TYPE VALUE	6. DS	SE			
			÷		=)		=				
			÷ ÷		=		(=				
			÷		=		(
			÷		=)	(=				
			÷		=)	(=				
			÷		=			=				
			÷		=)	(=				
	Add the DSEs	of CATEGORY LAC Sof each station. Immumor and in line 2 of p		dule,			0.00					
Computation of DSEs for Substitute-Basis Stations	for space I). te- column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted						rm).					
		SU	BSTITUTE-B	ASIS STATION	IS: COMPUTA	ATION OF	DSEs					
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUN OF PRO	MBER OGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE			
		-		=			÷		=			
		-		=			÷		=			
				=			÷					
				=			÷					
		-		=			÷		=			
	Add the DSEs	of SUBSTITUTE-BASI of each station. um here and in line 3 of p		dule,	▶		0.00					
5		ER OF DSEs: Give the ams applicable to your system		xes in parts 2, 3, and	d 4 of this schedu	le and add th	em to provide	the total				
Total Number	1. Number o	of DSEs from part 2 ●						0.00				
of DSEs	2. Number o	of DSEs from part 3 ●				<u> </u>		0.00				
	3. Number o	of DSEs from part 4 ●						0.00				
							[
	TOTAL NUMBE	ER OF DSEs					<u> </u>		0.00			

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

	OWNER OF CABLE S nd Service LLC						S	YSTEM ID# 7280	Namo
In block A: • If your answer if schedule.	ock A must be comp "Yes," leave the re "No," complete blo	emainder of p	below.	7 of the DSE sched		complete part	t 8, (page 16) of th	ie	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 distation (76.6 or DSE schedant to individuciously carried JHF station w	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 5.57, 76.59(b), (c)(1), 76.63(a) (3(a) referring estitution of gradius prior to Jun	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	14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		E	3LOCK C: CC	MPUTATION OF	- 3.75 FEE				
	e total number of I			•				-	
Line 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.		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	

	LEGAL NAME OF OWN	NER OF CABLE	SYSTEM:						SY	STEM ID#
Name	TDS Broadban			7280						
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the 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 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.									l. entered
		DEDMITT		TIONS CARRI			ID CLIBOTI	THE DAGG		
	1. CALL SIGN	2. PRIO DSE	OR 3. ACC	TIONS CARRI COUNTING ERIOD	ΕD	ON A PART-TIME AN 4. BASIS OF CARRIAGE	5. PF	RESENT DSE		RMITTED OSE
	5.5.1								_	
Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.									
Syndicated			BLOCK	K A: MAJOR	TI	ELEVISION MARK	ET			
Exclusivity Surcharge	• Is any portion of the	cable system v	vithin a top 100 maj	or television ma	rke	et as defned by section	76.5 of FCC	rules in effect Ju	ne 24, 19	981?
J		•	•			X No—Proceed to			,	
	Yes—Complete blocks B and C . X No—Proceed to part 8									
	BLOCK B: Carriage of VHF/Grade B Contour Stations BLOCK C: Computa								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? Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer to former FCC rule 76.159)									
			th its appropriate per	mitted DSE				with its appropriate	permitte	d DSE
	X No—Enter zero a	ina proceed to	ναιι υ.			X No—Enter zero a	na proceed t	υ μαιτο.		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN		DSE
		TOTAL DSES 0.00								
	1		-	•	. [1		-		0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	TDS Broadband Service LLC	7280	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	7,312,217.40	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.		
	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		
	OFOTION 4: OFOOND TO TELEVIOLON MADKET		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. 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#
Nume	-	TDS Broadband Service LLC	7280
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	
	Inctric	ctions:	
8	You m	checked "Yes," use the total number of DSEs from part 5.	art
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur 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	low
Base Rate Fee	blank What i	c. 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	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	BLOCK B. NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	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	die total number of Bolls from part 3.)	
	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# 7280	Namo
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
-	A. Enter 0.01064 of gross receipts (the amount in section 1) **State of the image	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) **State of the image	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) **State of the image	
	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 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:	
• 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:		
	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,	
part	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.	
in the	alate 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.

CALL SIGN DSE CALL SIGN	LEGAL NAME OF OWNE TDS Broadband S						s	7280	Name
CALL SIGN DSE CALL SIGN	E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
CALL SIGN DSE CALL SIGN		FIRST	SUBSCRIBER GROU	P		JP	^		
CALL SIGN OSE	COMMUNITY/ AREA	Bend, C	DR		COMMUNITY/ AREA	Α			
Rase Rate Fee CALL SIGN DSE C	CALL SIGN	DSE	CALL SIGN	DSF	CALL SIGN	DSE	T CALL SIGN	DSE	
Syndraced Exclusivity Surcharge for Partially Distant Stations Total DSEs 0.00 Total DSEs 0.000 Sase Raceipts First Group \$ 7,312,217.40 Gross Receipts Second Group \$ 0.000 THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP COMMUNITY/AREA 0 COMMUNITY/AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gros									Base Rate Fe
Sase Rate Fee First Group \$ 0.00 Total DSEs									and
Surcharge for Partialty Distant Stations Cotal DSEs									Syndicated
Foral DSEs OLOO THIRD SUBSCRIBER GROUP CALL SIGN DSE CALL		<u></u>							
Total DSEs									
Distant Stations									
Total DSEs TOTAL									
Gross Receipts First Group 3ase Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									Stations
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