This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/26/2024	\$ ALLOCATION NUMBER				

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: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	20232 Barcode Data Filing Period (optional - see instructions)
Period	
В	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.
Owner	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.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	TDS Broadband Service LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	Baja Broadband
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	525 Junction Rd. (Number, street, rural route, apartment, or suite number)
	Madison, WI 53717-2152
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

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 sufficiency of the fling, a determination that would be made by a court of law.

	_	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	TDS Broadband Service LLC	266
	Instructions: List each separate community served by the cable system. A "community" is	
D	separate and distinct community or municipal entity (including unincorporated communi	
0	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a	s a form of system identification hereafter known as the "f
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the identi
Served	city.	
	CITY OR TOWN	STATE
First	Alamagordo	NM
Community	Holloman Air Force Base	NM
,	Otero County	NM
	Tularosa	
d Rows as Necessary	in the second se	NM
	La Luz	NM

Accounting Period: 2023/2

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

SYSTEM ID# 26687

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	BLOCK 1			BLOCK 2				
	NO. OF			NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Residential:								
Service to first set	1,533	25.00						
 Service to additional set(s) 								
• FM radio (if separate rate)								
Motel, hotel	122	17.97/mo.						
Commercial								
Converter								
 Residential 	2,314	\$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.

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	8.00-15.00	Motel, hotel				
 Pay cable—add'l channel 		Commercial	\$0 - \$50			
Fire protection		• Pay cable				
 Burglar protection 		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set	\$0 - \$50	Burglar protection				
 Additional set(s) 		Other services:				
• FM radio (if separate rate)		Reconnect	0-25			
• Converter		Disconnect				
		Outlet relocation	19.98-39.96			
		Move to new address				

Accounting Period: 2023/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 26687

TDS Broadband Service LLC PRIMARY TRANSMITTERS: TELEVISION

G

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, 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.
- **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 multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC 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.

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 (iv) of the general instructions in the paper SA1-2 form.

Column 4: 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 identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KOAT	7.1	N	Albuquerque, NM
KOAT-DT2	7.2	N-M	Albuquerque, NM
KOAT-DT3	7.3	N-M	Albuquerque, NM
KBIM	10.1	N	Roswell, NM
KBIM-DT2	10.2	N-M	Roswell, NM
KOBR	8.1	N	Roswell, NM
KOBR-DT2	8.2	N-M	Roswell, NM
KOBR-DT3	8.3	N-M	Roswell, NM
KUPT	29.1	l	Hobbs, NM
KRTN	39.1	l	Albuquerque, NM
KRTN-DT6	39.6	I-M	Albuquerque, NM
KLUZ	14.1	l	Albuquerque, NM
KASA	2.1	l	Santa Fe, NM
KRWG	22.1	E	Las Cruces, NM
KVBA-LP	19.1	l	Alamogordo, NM
KCHF	11.1	l	Albuquerque, NM
KASY	50.1	l	Albuquerque, NM
KWBQ	19.1	l	Santa Fe, NM

ccounting Period:	2023/2			FORM SA1-2E. PAGE	3
	LEGAL NAME OF OWNER O	DF CABLE SYSTEM:		SYSTEM ID)#
Name	TDS Broadband Serv	vice LLC		2668	7
	PRIMARY TRANSMITTERS:	TELEVISION			
G	carried by your cable syste	entify every television station (including em during the accounting period, except	(1) stations carried only on a part-time	basis under	
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, substitute Basis Stations basis under specific FCC • Do not list the station he station was carried only of • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chand Column 3: Indicate in each educational station, by entition of the set of the meaning of these to Column 4: Give the location of the set of the meaning of these to Column 4: Give the location of the substitution of the set of the meaning of these to Column 4: Give the location of the substitution of the set of the meaning of these to Column 4: Give the location of the substitution	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination ped with a station according to its over-the	I(e)(2) and (4))]; and (2) certain station arrived by your cable system on a substitute basis and also of see page (v) of the general instruction arrogram services such as HBO, ESPN, and designation. For example, report existion, an independent station, or a notion necessary in the station are independent station, or an offer network multicast), "I" (for independent "E-M" (for noncommercial educations of the community to which the station is	s carried on a tute program a)—if the n some other s. etc. Identify each multistream e air in its community encommercial ent), "I-M" al multicast). icensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
					•••

Accounting Period: 2023/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

26687

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.



Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.



Transmitters:

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							

Accounting Perio	d: 2023/2						FOR	RM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
Name	TDS Broadband Service	e LLC						26687
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	fy every non	<i>network televisi</i> riod, under spe	ion program, broadcast by cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				y gonorai mone	1011011011111	то рарог от т	2 101111.
Special	During the accounting per	_			is any nonnel	twork telev	ision program	n
Statement and	broadcast by a distant star	•	ouble system	ourry, orra oubstitute bus	io, arry mornio	twork tolo		· ·
Program Log							YES	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ıst comple	ete the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE	BBOCBA	MC					
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call: Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 gives Column 6: State the time to the nearest five minutes.	itute progra ce, please a of every nor distant stati gulations, o ies like "mor Bulls." n was broad sign of the s addcast statid adian statio ath and day re "5/7." es when the	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske least live, enter station broadca on's location (the ns, if any, the cowhen your systands and the substitute programment of the systands and the systands are substitute programment.	rows to the tables. Ision program ("substitute our cable system substitute our cable system substitute our cable system substitute out cable." List specific program "Yes." Otherwise enter "I sting the substitute program community to which the community with which the tem carried the substitute out	program") that do for the program titles, for example. No." am. station is lice station is iden program. Use cable system.	at, during the ramming of the formal of the results	he accounting of another sta her informatio Love Lucy" or he FCC or, in he, with the mon	g ition n.
1	stated as "6:00-6:30 p.m."		. •		•	·		
	Column 7: Enter the letter to delete under FCC rules a			was substituted for progra				
	was substituted for program							am
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM			N SUBST		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO	
		_			-	 		
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Accounting Period: 2	2023/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 26687
	150 Broadbaild Gelvice LEO	20087
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transn (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service
	COPYRIGHT ROYALTY FEE	
Copyright Royalty Fee	 Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper \$A1-2 form for more information. 	263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month
	Line 1. Royalty fee for accounting period	·
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	· · <u> </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)
	1. Base amount under statutory formula	-
	2. Enter amount of gross receipts from space K	-
	3. Subtract line 2 from line 1	<u>-</u>
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	-
	·	-
	3. Subtract line 2 from line 1	4 204 62
	4. Multiply line 3 by .01	1,284.62
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 2,603.62
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing For and		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	2,603.62
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,623.62
	EFT Trace # or TRANSACTION ID #]
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF TDS Broadband Service					SYSTEM ID# 26687
M Channels	to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system.	the cable system's to of channels on which in broadcast stations of activated channels em carried television	total num h the cab s		counting period.	18
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			DRMATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name Zaneta	ı Lewis			Telephone	(608) 664-8517
	Address 525 Ju (Number, s	nction Rd street, rural route, apartm	nent, or sui	te number)		
		on, WI 53717 , state, zip)				
	Email	finance@tdstelecon	m.com		Fax (optional	
0	CERTIFICATION (This state	ment of account mu	ıst be cer	tified and signed in accordance with Cop	pyright Office regulations)	
Certification	• I, the undersigned, hereby of	certify that (Check on	ne, <i>but oni</i>	ly one, of the boxes.)		
	(Owner other tha	an corporation or pa	artnershi	p) I am the owner of the cable system as i	identified in line 1 of space B;	or
				artnership) I am the duly authorized agen not a corporation or partnership; or	t of the owner of the cable sy	stem as identified
	X (Officer or partr in line 1 of		f a corpor	ation) or a partner (if a partnership) of the	legal entity identified as owne	er of the cable system
		rect to the best of my	-	clare under penalty of law that all statemer ge, information, and belief, and are made		
			X	/s/ Sharon V. Tisdale	rtify this statement.	
				nature using an "/s/ signature" (e.g., /s/ Joh		
		Typed or printed	name:	Sharon V. Tisdale		
		Title:		ant Treasurer position held in corporation or partnership)		
		Date:			February 19, 2024	

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counting Period: 2023/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
OS Broadband Service LLC	26687
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. 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	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
 * 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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. 	

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