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

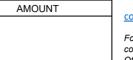
for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

\$

DATE RECEIVED 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
	20232 Barcode Data Filing Period (optional - see instructions)
Accounting 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.

Accounting Period: 2	2023/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Naille	TDS Broadband Service LLC	3170
D Area Served	Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	nmunities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
		OTATE
-	CITY OR TOWN WOODLAND PARK	STATE CO
First Community	WOODLAND PARK WOODLAND PARK TELLER	
Community		CO
Add Rows as Necessary		

Name	LEGAL NAME OF OWNER OF C							51	STEM II 31
	TDS Broadband Service								31
_	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND RA	TES				
E	In General: The information in s					y transmission s	ervice of the	he cable	
. .	system, that is, the retransmission								
Secondary ransmission	about other services (including p last day of the accounting period						nose existi	ng on the	
Service: Sub-	Number of Subscribers: Both						ole system	, broken	
scribers and	down by categories of secondary					•			
Rates	each category by counting the nu separately for the particular serv			•••				charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	0	•						
	category, but do not include disc								
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count un	der "Servio	e to the	
	first set" and would be counted o					convice that are	different fr	iom those	
	Block 2: If your cable system I printed in block 1 (for example, t	-							
	with the number of subscribers a								
	sufficient.		-			-			
	BLO	DCK 1	-				BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	CODOCIAD	LIKO	TUTE	0/11		(IIIOE	CODECTADENCE	10.
	Service to first set		398	25.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		47	17.97/mo.					
	Commercial								
	Converter								
	Residential		520	\$6/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur		usually	billed. If any ra	ites are ch	arged on a varia	able per-pr	ogram basis,	
Secondary ansmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cabl	e system for ea	ch of the	applicable servic	oc lictod		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	• •			-	÷.			
	brief (two- or three-word) descrip	tion and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	E RA
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	8.00-15.00	• Mo	tel, hotel					
	 Pay cable—add'l channel 		•	mmercial		\$0 - \$50			
	Fire protection	• Pay cable							
	 Burglar protection 		· ·	y cable-add'l cł	nannel				
	Installation: Residential			e protection					
	• First set	\$0 - \$50		rglar protection					
	 Additional set(s) 	\$0 - \$50							
		·····	1						
	• FM radio (if separate rate)		1	connect		0-25			
			• Dis			0-25 19.98-39.96			

Nama	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM							
Name	TDS Broadband Serv	vice LLC		3'							
	PRIMARY TRANSMITTERS:	TELEVISION									
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • 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 chann of license. For example, V Column 3: Indicate in eacl educational station, by entu (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-	1) stations carried only on a part- carriage of certain network progr (e)(2) and (4))]; and (2) certain sta- ried by your cable system on a su e Special Statement and Program both on a substitute basis and als ee page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting over ation, an independent station, or metwork multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station	time basis under rams [sections ations carried on a ubstitute program u Log)—if the so on some other stions. PN, etc. Identify each sort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).							
	1. CALL SIGN	4. LOCATION OF STATION									
	KRDO	13.1	N	Colorado Springs, CO							
	KRDO-DT3	13.3	N-M	Colorado Springs, CO							
Rows as Necessary	KRDO-DT4	13.4	N-M	Colorado Springs, CO							
	κκτν	11.1	N	Colorado Springs, CO							
	KKTV-DT2	11.2	N-M	Colorado Springs, CO							
	KKTV-DT3	11.3	N-M	Colorado Springs, CO							
	KXRM	21.1	I	Colorado Springs, CO							
	KOAA	5.1	N	Pueblo, CO							
	KOAA-DT2	5.2	N	Pueblo, CO							
	KOAA-DT3	5.3	N	Pueblo, CO							
	KOAA-DT4	5.4	N	Pueblo, CO							
	KOAA-DT5	5.5	Ν	Pueblo, CO							
	KUSA	9.1	Ν	Denver, CO							
	ктѕс	8.1	E	Pueblo, CO							
	KTSC-DT2	8.2	E-M	Pueblo, CO							
	KTSC-DT3	8.3	E-M	Pueblo, CO							
	KTSC-DT4	8.4	E-M	Pueblo, CO							
	KTLO	46.1	N	Colorado Springs, CO							
	1										
		-									

ounting Period	2023/2			FORM SA1-2E. PAGE						
Nama	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM ID						
Name	TDS Broadband Serv	vice LLC		317						
	PRIMARY TRANSMITTERS:	TELEVISION								
G	carried by your cable syste	lentify every television station (including em during the accounting period, <i>except</i>	(1) stations carried only on a part-tin	ne basis under						
Primary Fransmitters: Television	76.59(d)(2) and (4), 76.61 substitute program basis, a	in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations car	1(e)(2) and (4))]; and (2) certain static	ons carried on a						
Television	basis under specific FCC	rules, regulations, or authorizations: re in space G—but do list it in space I (t								
	basis. For further informati	also in space I, if the station was carrie ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p	see page (v) of the general instruction	ons.						
	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).									
	Column 4: Give the locati	terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of t	the community to which the station is	,						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						

Accounting Po	eriod: 2023/	2						FOF	RM SA1-2E. PAGE 4.
LEGAL NAME OF	OWNER OF C	CABLE SY	STEM:						SYSTEM ID#
TDS Broadba	and Servic	e LLC							3170
PRIMARY TRAN	NSMITTERS:	RADIO							
In General: List	every radio st	tation ca	rried on a separate and discr	ete	e basis and list th	nose FM static	ons carrie	ed on an	H
all-band basis w	hose signals v	were gen	erally receivable by your cab	le	system during th	e accounting	period.		
receivable if (1) i on the basis of n For detailed info paper SA1-2 for	it is carried by nonitoring, to rmation about m. entify the call	the syst be receiv the Cop sign of e	Band FM Carriage: Under (em whenever it is received a red at the headend, with the s pyright Office regulations on t ach station carried.	t tl sys	he system's hea stem's FM anten	dend, and (2) na, during cer	it can be tain state	e expected, ed intervals.	Primary Transmitters: Radio
			al was electronically process		h by the cable sy	stom as a son	arato an	d discroto	
		U	mark in the "S/D" column.	ec	a by the cable sy	stern as a sep	aiate di		
-			on (the community to which th	ne	station is license	d by the FCC	or, in the	e case of	
			he community with which the			,	,		
						•			
		0/D		T		A.N.4	0/D		4
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	4
N/A									

Accounting Perio	d: 2023/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	TDS Broadband Servic	e LLC						3170
I Substituto	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ar explanation of the programm	fy every non ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	tions, or a	uthorizations.	For a further
Substitute Carriage:		-			general motie			2 10111.
Special	1. SPECIAL STATEMENT				io. on:	work t-l.	vision are	
Statement and	 During the accounting per 	-	r cable system	carry, on a substitute bas	is, any nonne		/ision progran	
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist comple	te the program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	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	ce, please a of every noi distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast static adian statio	add additional r nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ons, if any, the o	rows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific program r "Yes." Otherwise enter "I sting the substitute progra the community to which the community with which the	program") tha d for the prog eral instruction n titles, for ex No." am. station is lice station is lice	t, during tl ramming c ns for furth ample, "I L nsed by th tified).	he accounting of another sta her information Love Lucy" or he FCC or, in	l tion n.
	first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ve "5/7." es when the Example: a er "R" if the and regulatio uming that y	substitute pro program carri listed program ons in effect du	was substituted for progra ring the accounting period	cable system. 15 p.m. to 6:2 amming that y l; enter the let	List the ti 8:30 p.m. our systen ter "P" if th	mes accurate should be n was <i>require</i> ne listed progr	ly d
	s	UBSTITUT	E PROGRAM			N SUBST AGE OCO		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
		†			-		_	
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ccounting Period:	2023/2	FORM SA	1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	S	YSTEM 31
	GROSS RECEIPTS		31
K Gross Receipts	Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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)	nission service amount, see	
	during the accounting period	\$ 111 (Amount of gro	,198.37 ss receipts
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	/	
	1. Base amount under statutory formula \$ 263,800.00	-	
	2. Enter amount of gross receipts from space K	-	
	3. Subtract line 2 from line 1	-	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$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. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foo and			
Filing Fee and otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Name EXAMPLE 2 SYSTEM: M Channels Cannels M Channels Instructions: You must give (1) the number of channels on which the cable system cannel belowise broadcast atations to its abochtes, and (2) the cable system's total number of activated channels during the accounting period. 1 Charmels 18 N System cannel delevision broadcast stations 14 N Instructions: You must give (2) the number of activated channels during the accounting period. 18 2 Enter the total number of activated channels on which the cable system cannel delevision broadcast stations 144 N Instructions of activated thannels on the statement of account. 144 N Reserves Statement of account. Reserves Information Statement of account. Reserves Statement of account. 144 Ontexinformation <								023/2	g Period: 20	Accounting Period: 2023/2
M Channels Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to is ubschores, and (2) the cable system is deal number of activated channels during the accounting period. 18 • Enter the total number of activated channels on which the cable system carried television broadcast stations 14 • Individual to the contracts • Enter the total number of activated channels on which the cable system carried television broadcast stations 144 • Individual to the contracts • Enter the total number of activated channels on which the cable system carried television broadcast stations 144 • Individual to the contracts • Enter the total number of activated channels on donbroadcast services. 144 • Individual to the contracts • Enter the statement of account) • Enter the total number of activated channels on on donbroadcast services. 144 • Individual to the contract about this statement of account) • Enter the total number of activated channels on on donbroadcast services. • Telephone (603) 664-8517 • Address 525 Junction R1 • Enter the ford number of activated channels on on total sectores on the statement of account must be certified an signed in accordance with Copyright Office regulations) • Iso undersigned, hareby certify that (Chack one, out only one , of the boas). • Or Corrification • the undersigned, hareby cortify that (Chack one, out ony one , of the coabe system as identiffed in line 1 of				YSTEM:					ma	Namo
and nonbroadcast services 144 N Individual to Be Contacted for Further Name Zaneta Lewis Telephone (608) 664-8517 Address 525 Junction Rd Telephone (608) 664-8517 Telephone (608) 664-8517 Address 525 Junction Rd Telephone (608) 664-8517 Market information Market information Fax (optional Certification Certification (This statement of account must be certified and signed in accordance with Copyright Office regulations) Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) O • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1, the undersigned, hereby certify that (Check one partnership) I am 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 • 1, the undersigned of the owner of the cable system as identified • 1 have examined the statement of account and hereby declare under paralay of law that all statements of fact contained herein are table, on parket of account and hereby declare under paralay of law that all statements of fact contained herein are table, on parket of account and hereby declare under paralay of law that all statements of fact contained herein are table, one decitonoli	hannels dur	umber of activated cable	total numbers total numbers	e system's els on whic ast station) the cable s of channels on broadcas	s, and (2) th I number of d television	ons: You scribers, he total n carried t	Instruction to its subso 1. Enter the system of		M Instructions: You must give (1) the number of channel to its subscribers, and (2) the cable system's total num Channels 1. Enter the total number of channels on which the cable system carried television broadcast stations
Individual to Be Contacted for Further information Name Zaneta Lewis Telephone (608) 664-8517 Address S25 Junction RI (Number, street, run# rode, apartment, or sube number) Address S25 Junction RI (Number, street, run# rode, apartment, or sube number)			on broadcas	ed televisio	stem carried	cable syste	ch the ca	on which		on which the cable system carried television broadc
for Further Information Name Zaneta Lewis Telephone (603) 564-8517 Address 525 Junction Rd (Rumber, street, rual route, spathment, or sulte number) Madison, WI 53717 (City, torm, state, zer) Email fmanceRtddelecom.com Email fmanceRtddelecom.com Fax (optional Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • I, the undersigned, hereby certify that (Check one, but only one, of the coxes.) Image: Open certification • I, the undersigned, hereby certify that (Check one, but only one, of the coxes.) • I, the undersigned, hereby certify that (Check one pathership) I am the owner of the cable system as identified in line 1 of space B; or (Open concertification • I, the undersigned, hereby certify that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B. • In line 1 of space B. • In line 1 of space B. • In line 1 of space B. • In line 1 of space B. • In line 1 of space B. • In we 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 belef, and are made in good faith. [18 U.S.C., Section 1001(1986)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/) John	EDED (Ider	IFORMATION IS N							lual to	we can contact about this statement of account.)
(Number, street, rual route, apartment, or suite number) Madison, MJ 53717 (City, town, state, zip) Email Imance@litible.com.com CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified 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; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (18 U.S.C., Section 1001(1986)) Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)					a Lewis	Zaneta	Z	Name	urther	for Further Name Zaneta Lewis
O Certification Cerification Cerification		suite number)	tment, or suite	route, apartr 53717	street, rural ro on, WI 5	(Number, str Madiso	1) N	Address		(Number, street, rural route, apartment, or sui Madison, WI 53717
O Certification • 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 identified 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; or • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; and that the owner is not a corporation or partnership; or • (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and accorrect to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Image: Decision 1001(1986)] Image: Decision 1001(1986) Image: Decision 1001(1986) Image: Decision 1001(1986) <th></th> <th></th> <th><u>om.com</u></th> <th>@tdsteleco</th> <th>finance@</th> <th></th> <th></th> <th>Email</th> <th></th> <th>Email <u>finance@tdstelecom.com</u></th>			<u>om.com</u>	@tdsteleco	finance@			Email		Email <u>finance@tdstelecom.com</u>
X /s/ Sharon V. Tisdale Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	of the cable ne duly autho or partnersh (if a partners y of law that i	only one , of the box ship) I am the owne r partnership) I am er is not a corporatio poration) or a partne declare under pena	partnership) ation or par ne owner is r (if a corporat hereby deck	t (Check or ration or p an corpora and that the an officer (i count and f	certify that (nan corpora r other than of space B an aner) I am ar of space B. ment of acco	r other than of owner of in line 1 of s er or partne in line 1 of s the stateme	Owner of Agent of in (Officer in amined th	I, the under	Cation	O Certification • I, the undersigned, hereby certify that (Check one, but on (Owner other than corporation or partnershin) (Owner other than corporation or partnershin) (Agent of owner other than corporation or prin line 1 of space B and that the owner is X (Officer or partner) I am an officer (if a corporing line 1 of space B. • I have examined the statement of account and hereby de
Title: Assistant Treasurer (Title of official position held in corporation or partnership) Date: February 19, 2024	e on the line ' signature" ('isdale r	an electronic signatu signature using an "/ e: Sharon V. istant Treasur	Enter an el Enter signa d name: Assista	·	Typed o Title:		., Secuon	[16 U.S.C.,		Enter an Enter sig Typed or printed name: Title: Assist (Title of officia

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.

unting Period: 2023/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Broadband Service LLC	317
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	P Special Statement 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 Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* 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.	
list below the owner, address, list community served, ib humber, and accounting period as given in the original hing.	
Owner Address	

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