This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
2-26-21	\$
2-20-21	ALLOCATION NUMBER

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 account Check here if this is the system's first filing. If not, enter the system's ID	ss of the cable syster on the last day of to unting period.	em. he accounting period should so		7349					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	TDS Broadband Service LLC									
	Baja Broadband									
				7349	920202					
				7349	2020/2					
	525 Junction Rd.									
	Madison, WI 53717-2152									
С	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ess and operation of the sy	stem unles	s these					
C	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)									
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the fret com	amunity convod bolow and a	rolist on no	go 1h					
Area	with all communities.	y only the list con	illiulity served below and i	elist on pa	ge ib					
Served	CITY OR TOWN	STATE								
First	Carlsbad	NM								
Community	Below is a sample for reporting communities if you report multiple ch	lannel line-ups in	Space G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#					
Sample	Alda	MD	A		1					
Campio	Alliance	MD	В		2					
	Gering	MD	В		3					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ORM SA3E. PAGE 1b.			SYSTEM ID#	
TDS Broadband Service LLC			7349	
1D3 BIOAUDAIIU 3ei VICE LLC			7 3 7 3	
Instructions: List each separate community served by the cable system. A "communin FCC rules: "a separate and distinct community or municipal entity (including uninco areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The of system identification hereafter known as the "first community." Please use it as the first community.	rporated communifrst community that	ties within unincor	porated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hobelow the identified city or town.	ome parks should	be reported in pare	entheses	
If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).	the column blank.	If you report any s	tations	
When reporting the carriage of television broadcast stations on a community-by-common channel line-up designated by an alpha-letter(s) (based on your Space G reporting) at (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns	nd a subscriber gr			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Carlsbad	NM	AA	1	First
Eddy County	NM	AA	1	Community
Loving	NM	AA	1	
				See instructions for
				additional information on alphabetization.
				Add rows as necessary.
			•	
			•	

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

SYSTEM ID#

E

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				
CATECORY OF CERVICE	NO. OF		DATE			NO. OF	DATE
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Щ	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:							
 Service to first set 	2,399	\$	25.00				
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel	152	\$9.9	97-\$13.56				
Commercial							
Converter							
 Residential 	761		5.95/Mo.				
 Non-residential 							
		1		1 ľ			

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		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	7.40-19.99	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0 - \$99.95		
 Fire protection 		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	0-49.95	Burglar protection			
 Additional set(s) 	0-49.95	Other services:			
 FM radio (if separate rate) 		Reconnect	0-25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		 Move to new address 			

FORM SA3E. PAGE 3. **SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7349 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 1. CALL 2. B'CAST 3. TYPE . DISTANT? BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) KOAT Ν No Albuquerque, NM 7.1 **KOAT-DT2** 7.2 N-M No Albuquerque, NM See instructions for additional information on **KOAT-DT3** 7.3 N-M No Albuquerque, NM alphabetization. **KBIM** Ν No Roswell, NM 10.1 **KBIM-DT2** 10.2 N-M No Roswell, NM KOBR 8.1 Ν No Roswell, NM **KOBR-DT2** 8.2 N-M No Roswell, NM KLUZ 14.1 ı No Albuquerque, NM **KUPT** 29.1 No Hobbs, NM ı **KUPT-DT2** I-M 29.2 No Hobbs, NM KTEL-CD 25.1 ı No Albuquerque, NM **KUPT-DT3** 39.1 No Albuquerque, NM **KASA** 2.1 ı No Santa Fe, NM **KENW** 3.1 Ε 0 Portales, NM Yes **KRPV-DT** Roswell, NM 27.1 No ı **KCHF** 11.1 ı No Albuquerque, NM K45IL-D 45.1 No Hobbs, NM ı **KRWG** 22.1 Yes 0 Las Cruces ı

U.S. Copyright Office

PRIMARY TRANSMITTERS: TELEVISION In General In pages C, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (f) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1983. permitting the carriage of certain herebroky programs peculiators. FCC rules are regulations in effect on June 24, 1983. permitting the carriage of certain herebroky programs peculiators. FCS-96(s)(2) and (4), 76.61e(s)(2) and (4), 76.61e(s)(2) and (4), 76.63 (referring to 76.61e(s)(2) and (4))); and (2) certain stations carried on a substitute Pasis 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, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For turnher information concerning substitute basis streams are separately (or example WETA-simulcast). - 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 turnher information concerning substitute basis streams are stream as verification of the station. Column 1: 1st each stream separately (or 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, WETA-simulcast). - W
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 carried on every five program basis, as explained in the next paragraph. Substitute Pasis 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 was carried only on a substitute basis. • 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 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 is a network station, an independent multicast). "F (for noncommercial educational) are reported in each case whether the station is an etwork station, an independent multicast). For one explanation of local service area, 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,
Course to 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 or June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis such 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: 10 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. 1. 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 "META-2". Simulcast streams must be reported in column 1 (list each stream separately; for example, WETA-simulcast). Column 2: Inicidate 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 multicast). For the meaning of these terms, 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 on a part-time basis because of lack of activated
basis under specific PCC 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 as sociated 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-N" (for network multicast), "I' (for independent),"-I'N" (for independent),"-I'N" (for independent multicast), "E" (for independent multicast), "E" (for independent multicast), "E" (for independent multicast), "E" (for independent), "N-N" (for network multicast), "For independent,"-I'N" (for network multicast), "I'N" (for independent), "I'N" (for network multicast), "I'N" (for network multicast), "I'N (f
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cast 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 e
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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 identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE (Yes or No) CARRIAGE
(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 AB 1. CALL SIGN 2. B'CAST CHANNEL OF 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION
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 AB 1. CALL 2. B'CAST CHANNEL 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION
planation 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 AB 1. CALL SIGN 2. B'CAST CHANNEL OF 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION
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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 AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL
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 AB 1. CALL SIGN 2. B'CAST CHANNEL OF 4. DISTANT? CARRIAGE 6. LOCATION OF STATION CARRIAGE
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 AB 1. CALL SIGN 2. B'CAST CHANNEL OF 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE
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Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 1. CALL SIGN 2. B'CAST CHANNEL OF 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE
CHANNEL LINE-UP AB 1. CALL SIGN 2. B'CAST OF CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION (Yes or No) CARRIAGE
1. CALL SIGN 2. B'CAST OF 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION CARRIAGE
SIGN CHANNEL OF (Yes or No) CARRIAGE

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 7349 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	CABLE SYST	EM:				SYSTEM ID#	
TDS Broadband Service	ce LLC					7349	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	 3			
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under sp	ecific present and former FO	CC rules, regu	ılations, or authorizatio	ns. For a further	Substitute
1. SPECIAL STATEMENT	Γ CONCER	NING SUBS	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant state	•	ır cable systen	n carry, on a substitute bas	sis, any nonne	etwork television progi		Special Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this page	ge blank. If your answer is	"Yes," you m	ust complete the prog	ram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	of every no distant state gulations, of tion. Do not be ucey" or "NE news broad sign of the state adian static and and day we "5/7." The ses when the Example: a ser "R" if the and regulation ogramming	nnetwork televion and that your authorization of use general BA Basketball: deast live, enterstation broadcon's location (tons, if any, the when your system of a program carrolisted program ons in effect derivation and the constant of the	vision program (substitute pour cable system substitute pour cable system substitute and some substitute program (substitute program was carried by your interest of the accounting period of the substitute of the accounting period of the accounting period of the substitute of the accounting period of the accounting perio	ed for the pro- neral instruction "basketball" No." am. e station is lice station is ide program. Use cable system 15 p.m. to 6::	gramming of another stons located in the paper. List specific programmensed by the FCC or, intified). The numerals, with the management of the specific programmens accurately as a specific programment. List the times accurate the specific programment of the specific programment.	station ber n n onth stely red	
			4		EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	IAGE OCCURRED 6. TIMES FROM — TO	FOR DELETION	
	100 01 110	07 KEE 01011	iii dixiiidiid Eddxiiidii	7410 0711			
					<u> </u>		
					<u> </u>		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TDS Broadband Service LLC 7349 **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

LEG	AL NAME OF OWNER OF CABLE SYSTEM: S Broadband Service LLC		SYSTEM ID# 7349	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 771,729.30								
IMP	PORTANT: You must complete a statement in space P concerning gross receipts.	(Amo	unt of gross receipts)					
• Cor • Cor • If your fee • If your according	rections: Use the blocks in this space L to determine the royalty fee you owe: implete block 1, showing your minimum fee. implete block 2, showing whether your system carried any distant television stations. in block 2, showing whether your system carried any distant television stations. It is a block 3 blank. Enter the amount of the property of th	s of the DSE	Schedule	Copyright Royalty Fee				
▶ If pa	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be en elow.	ntered on line	e 2 in block					
▶ If pa	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should	d be entered	on line					
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee i system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064							
	Enter the result here. This is your minimum fee.	\$	8,211.20					
Block 2 Block 3	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the inspace 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 X Yes—Complete the DSE schedule. No—Leave block 3 below blank and column television. No—Leave block 4 below blank and column television. No—Leave block 4 below blank and column television. No—Leave block 4 below blank and column television. No—Leave block 5 below blank and column television. No—Leave block 5 below blank and column television. No—Leave block 6 below blank and column television. 	n 4, you must	t check					
	Line 3. Add lines 1 and 2 and enter							
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger 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 zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$	9,563.66 9,563.66 0.00 725.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact 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	\$	10,288.66	appropriate form for submitting the additional fees.				
	EFT Trace # or TRANSACTION ID #			aaantona 1663.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Segeneral instructions located in the paper SA3 form and the Excel instructions takes							

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

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	7349
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Chameis	1. Enter the total number of channels on which the cable system carried television broadcast stations	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Stephanie Weber Telephone (608) 664-4721	
	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number)	
	Madison, WI 53717 (City, town, state, zip)	
	Email finance@tdstelecom.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
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 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.	m
	• 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)]	
	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 box and press the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	"F2"
	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#	Mana
TDS Broadband Service LLC	7349	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 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 1 Enter the amount of late payment or underpayment		Interest Assessment
x x		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x d	ays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_	
x 0.00274		
Line 4 Multiply line 3 by 0.00274** 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		

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