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						
08/23/2021	\$ 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))
	2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20211 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Instructions:
В	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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2021/1						
	or ourself or ourself	FORM SA1-2E. PAGE 1b.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 10041					
	TDS Broadband Service LLC						
	Instructions: List each separate community served by the cable system. A						
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification here.						
_							
	as the "first community." Please use it as the first community on all future	=					
Area	Note: Entities and properties such as hotels, apartments, condominiums,	or mobile home parks should be reported in parentheses below the					
Served	identified city.						
		T					
	CITY OR TOWN	STATE					
First	Lovington	NM					
Community	Lea County	NM					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Add Rows as Necessary							
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

TDS Preadband Samina LLC

10041

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

TDS Broadband Service LLC

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.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	439	25.00			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel	12	17.77/mo.			
Commercial					
Converter					
Residential	535	\$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 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			

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 10041

TDS Broadband Service LLC

G

Primary Transmitters: Television

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
КВІМ	10.1	N	Roswell, NM
KBIM-DT2	10.2	N-M	Roswell, NM
KOBR	4.1	N	Roswell, NM
KOBR-DT2	4.2	N-M	Roswell, NM
KOBR-DT3	4.3	N-M	Roswell, NM
KLUZ	14.1	<u>l</u>	Albuquerque, NM
KUPT	29.1	<u>l</u>	Hobbs, NM
KUPT-DT2	29.2	I-M	Hobbs, NM
KTEL	15.1	<u>l</u>	Hobbs, NM
KUPT-DT3	39.1	<u>l</u>	Albuquerque, NM
KASA	2.1	<u>l</u>	Santa Fe, NM
K42FX-D	42.1	E	Hobbs, NM
KRPV-DT	27.1	<u>l</u>	Roswell, NM
KCHF	11.1	<u> </u>	Albuquerque, NM
K19KT	45.1	<u> </u>	Hobbs, NM

Accounting Period: 2021/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

10041

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.

Н

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.

Primary Transmitters:

Radio

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).

0411 01011	A 1.4 - E 1.4	0/5	LOCATION OF STATION	0411 01011	414 514	0/0	1 00471011 05 07471011
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							

ccounting Perio	nd: 2021/1						EODI	M SA1-2E. PAGE 5		
ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	SYSTEM ID#		
Name	TDS Broadband Servi	ce LLC						10041		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G					
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant sta	ation?			YES	X NO				
	Note: If your answer is "No	o" leave the	rest of this na	age blank If your answer is	s "Yes " vou r	must comr				
	log in block 2.	,	, 1001 01 11.110 pt	.ge 2.a year ae	, ,					
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subsclear. If you need more sp	ace, please	add additiona	I rows to the tables.	•			-		
	period, was broadcast by a under certain FCC rules, r Do not use general catego	Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or								
	Column 3: Give the cal	m was broa sign of the	station broad	er "Yes." Otherwise enter ' casting the substitute progr	am.					
	the case of Mexican or Ca	nadian stati	ons, if any, the		e station is id	entified).	,			
	first. Example: for May 7 g	ive "5/7."	, ,	rstem carried the substitute						
	to the nearest five minutes stated as "6:00–6:30 p.m."	Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."								
	to delete under FCC rules was substituted for progra	and regulat mming that	ions in effect o		d; enter the I	etter "P" if	the listed pr			
	effect on October 19, 1976.									
		UDOTITUT	E DDOODAA	4		N SUBST	_	7 DE 400N FOE		
	8		BSTITUTE PROGRAM			AGE OCC	TIMES	7. REASON FO		
	TITLE OF PROGRAM	2. LIVE? Yes or No	STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— то			
							_			
								"		
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							_			
										
							_			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYST
	GROSS RECEIPTS	
K Gross Receipts	Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s)	vice
	· · · · · · · · · · · · · · · · · · ·	134,29
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of	of gross re
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe 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 \$263,800 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.	
	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 this six-moni accounting period is \$52.00	th
	Line 1. Royalty fee for accounting period	5
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	5
	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	
	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	
	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)	
	Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	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)	<u>)</u>
	6. Interest charge. Enter the amount from line 4, space Q, page 8	<u>)</u>
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>)</u>
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>) </u>
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	6
	EFT Trace # or TRANSACTION ID #	

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: d Service LLC				SYSTEM ID# 10041
M Channels	to its subscribers 1. Enter the total	ou must give (1) the number of s, and (2) the cable system's to number of channels on which television broadcast stations.	otal number of act	ivated channels during the ad	ccounting period.	18
	on which the ca	number of activated channels able system carried television ast services	proadcast stations			148
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of account		N IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name	Stephanie Weber			Telephone	(608) 664-4721
	Address	525 Junction Rd (Number, street, rural route, apartr Madison, WI 53717 (City, town, state, zip)	nent, or suite number)			
	Email	finance@tdsteleco	m.com		Fax (optional)	
0	CERTIFICATION	(This statement of account mu	ıst be certified and	d signed in accordance with 0	Copyright Office regulations)	
O Certification	• I, the undersigned	ed, hereby certify that (Check o	ne, <i>but only one</i> , o	f the boxes.)		
	(Owne	r other than corporation or p	artnership) I am tl	he owner of the cable system	as identified in line 1 of space	B; or
		t of owner other than corpora line 1 of space B and that the o			gent of the owner of the cable :	system as identified
		er or partner) I am an officer (i line 1 of space B.	f a corporation) or	a partner (if a partnership) of	the legal entity identified as ow	rner of the cable system
		the statement of account and e, and correct to the best of my on 1001(1986)]				1
			X /s/ Sh	naron V. Tisdale		
				c signature on the line above to ing an "/s/ signature" (e.g., /s/	•	
		Typed or printed	name: Share	on V. Tisdale		
		Title: (Title of of	Assistant Tr	easurer corporation or partnership)		
		Date:			August 23, 2021	

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counting Period: 2021/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
S Broadband Service LLC	10041
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 sull scribers 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	Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment	ı
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	- <u>- </u>
x 0.00274	
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	
(interest charge)	
* 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.	e
** 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.	9
Owner	
Address	
ID number	
First community served	
Accounting period	

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