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	ACCOUNT	ING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2021/:	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	2021/	,	
		20211 Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
	Instruc	ctions:	
В		ne full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title subsidiary, not that of the parent corporation.	
Owner	List any	y other name or names under which the owner conducts the business of the cable system.	
		e were different owners during the accounting period, only the owner on the last day of the accounting period should submit a	
	single s	statement of account and royalty fee payment covering the entire accounting period.	
	Check I	here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	1129
	LEG	AL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	TDS B	Broadband Service LLC	
	BUSIN	NESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	Baja E	Broadband	
	MAILI	NG ADDRESS OF OWNER OF CABLE SYSTEM	
		Junction Rd.	
		rr, street, rural route, apartment, or suite number)	
		ison, WI 53717-2152 wn, state, zip)	
	INSTRUCTION	ONS: In line 1, give any business or trade names used to identify the business and operation of the system u	nless these
С		dy appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1 IDENTI	IFICATION OF CABLE SYSTEM:	
	MAILIN	NG ADDRESS OF CABLE SYSTEM:	
	2 (Number	r, street, rural route, apartment, or suite number)	
	(Number	n, sueet, rural route, apartment, or suite number)	
	(City, to	wn, 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.

ccounting Period:	2021/1	FORM SA1-2E. PAGE 1
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	TDS Broadband Service LLC	1129
D	Instructions: List each separate community served by the cable system. "a separate and distinct community or municipal entity (including uninco	A "community" is the same as a "community unit" as defined in FCC rules: rporated communities within unincorporated areas and including single, y that you list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	
	CITY OR TOWN	STATE
First	La Pine	OR
Community		
ld Rows as Necessary		

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

TDS Broadband Service LLC

1129

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.

BL	OCK 1		BLOCI	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,287	25.00			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel	33	43.15/mo.			
Commercial					
Converter					
 Residential 	1,963	\$6/Mo.			
Non-residential					
				1	

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# 1129

TDS Broadband Service LLC

PRIMARY TRANSMITTERS: TELEVISION

G Primary Transmitters:

Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KOHD	51.1	N	Bend, OR
KBNZ-LD	7.1	N	Bend, OR
KFXO	39.1	l	Bend, OR
KTVZ	21.1	N	Bend, OR
KTVZ-DT2	21.2	N-M	Bend, OR
K45KM	45.1	l	Bend, OR
KOAB	3.1	E	Bend, OR
KOAB-DT2	3.2	E-M	Bend, OR
KOAB-DT3	3.3	E-M	Bend, OR
KBND	14.1	I	Bend, OR

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

1129

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
N/A							

ccounting Perio		- 0.451 5 0.40	TE14				FOR	RM SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER OF TDS Broadband Servi		IEM:					SYSTEM ID# 1129	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant state of the state of	E: SPECIA tify every not accounting pring that mu T CONCEPTION, did you ation? Tion; leave the experiment of the programment	eriod, under spat be included RNING SUBS ur cable system rest of this path AMS am on a sepan add additional and that y	ision program, broadcast by pecific present and former F in this log, see page (v) of the strict CARRIAGE of the carry, on a substitute based by the carry, on a substitute based by the carry of the ca	y a distant sta FCC rules, reg the general ins asis, any nonr s "Yes," you r s wherever po e program") tited for the pro	ulations, o structions i network te must comp ossible, if hat, during ogrammin	r authorization the paper elevision pro YES plete the protection their meaning the account of the protection of the account of	ystem carried on a ons. For a further SA1-2 form. orgram X NO ogram ng is nting r station	
	Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograt effect on October 19, 1976	ries like "mc . Bulls." m was broa sign of the adcast stati nadian stati nth and day ive "5/7." nes when the . Example: ter "R" if the and regulat mming that b.	dcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pr a program car listed program ions in effect of your system w	setball." List specific prograter "Yes." Otherwise enter casting the substitute prograte community to which the community with which the community with which the community with estem carried the substitute rogram was carried by you ried by a system from 6:0° m was substituted for programing the accounting period yas permitted to delete under the community of th	am titles, for e "No." ram. e station is lide program. Use r cable system 1:15 p.m. to 6 ramming that od; enter the lider FCC rules WHE	censed by entified). se numera m. List the ::28:30 p.r t your syst etter "P" it s and regu	the FCC of the FCC of the stimes accumum. Should be tem was required the listed pulations in	r, in month urately e quired program	
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		CURRED TIMES	7. REASON FO	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	TO		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC				SYST
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form	system's	secondary trans	mission servi	
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period			\$ 26	64,18
	IMPORTANT: You must complete a statement in space P concerning gross re			(Amount of g	
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less t	han \$527,600	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,	,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that y	ou must pay for	this six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	es 1 and 2	2	<u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but me	ore than \$137,1	100)	
	Base amount under statutory formula	\$	263,800.00	_	
	Enter amount of gross receipts from space K			_	
	3. Subtract line 2 from line 1			_	
	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	\$	264,181.11	_	
	Base amount under statutory formula	\$	263,800.00	_	
	3. Subtract line 2 from line 1	\$	381.11	_	
	4. Multiply line 3 by .01		\$	3.81	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	<u>-</u>
	6. Interest charge. Enter the amount from line 4, space Q, page 8		-	0.00	- 0
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6		\$	1,32
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and	FILING FEE AND TOTAL REMITTANCE DUE			1.000.01	
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)			1,322.81	
Total Remittance	FILING FEE AND TOTAL REMITTANCE DUE			1,322.81	
Total Remittance	FILING FEE AND TOTAL REMITTANCE DUE 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$		1,34
Total Remittance	FILING FEE AND TOTAL REMITTANCE DUE 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) 2. Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00	1,34

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 1129
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. 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	10
	and nonbroadcast services	140
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
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)	
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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 ow 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)] 	system as identified oner of the cable system
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Sharon V. Tisdale	
	Title: Assistant Treasurer (Title of official position held in 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	1129
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	Special Statement Concerning Gross Receipts Exclusion
X NO 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. 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
Line 4 Multiply line 3 by 0.00274** 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.	
Owner Address	
ID number First community served Accounting period	

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