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

		Return completed workbook		
	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	ems (Short Form) uctions are located of this workbook	08/23/2021	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYY/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20	211 Barcode Data Filing Period (optiona	ıl - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of the subsidiary, not that of the pare		idiary of another corporation, give the full co	rporate title
Owner		which the owner conducts the business of	the coble system	
Owner				
		the accounting period, only the owner on ty fee payment covering the entire accour	the last day of the accounting period should a ting period.	submit a
	Check here if this is the system's first	iling. If not, enter the system's ID number	assigned by the Licensing Division.	25263
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM		
	TDS Broadband Service LLC			
		OF CABLE SYSTEM (IF DIFFERENT	Г)	
	Baja Broadband	i		
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM		
	525 Junction Rd.	ile number)		
	Madison, WI 53717-2152 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bunch and a strength of the			

MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) 2 (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.

System

1

IDENTIFICATION OF CABLE SYSTEM:

Accounting Period:	2021/1	FORM SA1-2E. PAGE 1b
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	25263
D Area Served	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	'community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
	CITY OR TOWN	STATE
First	TABLE MOUNTAIN	CO
Community	ARVADA	CO
-	JEFFERSON COUNTY	CO
Add Rows as Necessary		

									SA1-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								YSTEM II 2526	
	TDS Broadband Service LLC								2520	
-	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND RA	TES					
E	In General: The information in s	•		-		•				
Secondary	system, that is, the retransmission about other services (including p									
Transmission	last day of the accounting period	<i>,</i> , ,						ig on the		
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rales	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 c	harged for eac	h categ	ory of service. I	nclude bo	th the amount of	the charge			
	unit in which it is generally billed	· · ·	,		ny standai	rd rate variations	within a p	articular rate		
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondarv transmiss	sion servic	e that cable		
	systems most commonly provide	•		-		•				
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca						•			
	first set" and would be counted of									
	Block 2: If your cable system	-		•						
	printed in block 1 (for example, t with the number of subscribers a									
	sufficient.									
	BLOCK 1						BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SEF		NO. OF SUBSCRIBER	S RATE	
	Residential:	SOBSCIAD	LING					SUBSCRIBER		
	Service to first set		897	25.00						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel			17.77/mo.						
	Commercial									
	Converter									
	Residential		689	\$6/Mo.						
	Non-residential									
	SERVICES OTHER THAN SEC		NSMIS		2					
-	In General: Space F calls for rat					ll your cable syst	em's servi	ces that were		
F	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		0()			
Other Than										
Secondary	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.									
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not		
Nates	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.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVI	CE RATE	
	Continuing Services:			ation: Non-res	idential					
	• Pay cable	7.40-19.99		tel, hotel						
	Pay cable—add'l channel			mmercial		\$0 - \$99.95				
	 Fire protection Burglar protection 			y cable y cable-add'l ch	annel					
	•Burgiar protection			e protection						
	• First set	0-49.95		glar protection						
	Additional set(s)	0-49.95		services:						
	• FM radio (if separate rate)			connect		0-25				
	• Converter			connect						
	-									
			•Ou	tlet relocation		19.98-39.96				

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM				
Name	TDS Broadband Serv	vice LLC		25				
	PRIMARY TRANSMITTERS: TELEVISION							
G	carried by your cable system FCC rules and regulations	entify every television station (including tr em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the	 stations carried only on a part carriage of certain network program 	-time basis under rams [sections				
Primary ransmitters: Television	 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: 							
	station was carried <i>only</i> on • List the station here, and a	e in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s	both on a substitute basis and als	so on some other				
	Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel	n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	ogram services such as HBO, ES air designation. For example, rep	SPN, etc. Identify each port multistream				
	Column 3: Indicate in each educational station, by ente (for independent multicast),	h case whether the station is a network st ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or	or network multicast), "I" (for indep "E-M" (for noncommercial educat	pendent), "I-M"				
	Column 4: Give the locatio	erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the	he community to which the station					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	КМСН	7.1	N	Denver, CO				
	KMGH-DT2	7.2	N-M	Denver, CO				
d Rows as Necessary	KMGH-DT3	7.3	N-M	Denver, CO				
	KCNC	4.1	N	Denver, CO				
	KCNC-DT2	4.2	N-M	Denver, CO				
	KCNC-DT3	4.3	N-M	Denver, CO				
	KUSA	9.1	N	Denver, CO				
	KUSA-DT2	9.2	N-M	Denver, CO				
	KUSA-DT3	9.3	N-M	Denver, CO				
				Deliver, CO				
	KUSA-DT5	9.5	N-M	Denver, CO				
	KUSA-DT5 KDVR							
		9.5	N-M	Denver, CO				
	KDVR	9.5 31.1	N-M N	Denver, CO Denver, CO				
	KDVR KDVR-DT2	9.5 31.1 31.2	N-M N N-M	Denver, CO Denver, CO Denver, CO				
	KDVR KDVR-DT2 KDVR-DT3	9.5 31.1 31.2 31.3	N-M N N-M N-M	Denver, CO Denver, CO Denver, CO Denver, CO				
	KDVR KDVR-DT2 KDVR-DT3 KRMA	9.5 31.1 31.2 31.3 6.1	N-M N N-M E	Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO				
	KDVR KDVR-DT2 KDVR-DT3 KRMA KPXC	9.5 31.1 31.2 31.3 6.1 59.1	N-M N N-M E	Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO Aurora, CO				
	KDVR KDVR-DT2 KDVR-DT3 KRMA KPXC KDEN	9.5 31.1 31.2 31.3 6.1 59.1 25.1	N-M N N-M E I I	Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO Aurora, CO Centennial, CO				
	KDVR KDVR-DT2 KDVR-DT3 KRMA KPXC KDEN KDEN-DT2 KCEC	9.5 31.1 31.2 31.3 6.1 59.1 25.1 25.2 50.1	N-M N N-M E I I I I-M I	Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO Aurora, CO Centennial, CO Centennial, CO Denver, CO				
	KDVR KDVR-DT2 KDVR-DT3 KRMA KPXC KDEN KDEN-DT2	9.5 31.1 31.2 31.3 6.1 59.1 25.1 25.2	N-M N N-M E i i i i i-M	Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO Aurora, CO Centennial, CO Centennial, CO Denver, CO Denver, CO				
	KDVR KDVR-DT2 KDVR-DT3 KRMA KPXC KDEN KDEN-DT2 KCEC KCEC-DT2 KWGN	9.5 31.1 31.2 31.3 6.1 59.1 25.1 25.2 50.1 50.2 2.1	N-M N N-M E I I I I I I I I I I	Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO Aurora, CO Centennial, CO Centennial, CO Denver, CO Denver, CO Denver, CO				
	KDVR KDVR-DT2 KDVR-DT3 KRMA KPXC KDEN KDEN-DT2 KCEC KCEC-DT2 KWGN KWGN-DT2	9.5 31.1 31.2 31.3 6.1 59.1 25.1 25.2 50.1 50.2 2.1 2.2	N-M N N-M E I I I I-M I	Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO Aurora, CO Centennial, CO Centennial, CO Denver, CO Denver, CO Denver, CO Denver, CO				
	KDVR KDVR-DT2 KDVR-DT3 KRMA KPXC KDEN KDEN-DT2 KCEC KCEC-DT2 KWGN	9.5 31.1 31.2 31.3 6.1 59.1 25.1 25.2 50.1 50.2 2.1	N-M N N-M E I I I I I I I I I I I I I I I I I I	Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO Aurora, CO Centennial, CO Centennial, CO Denver, CO Denver, CO Denver, CO				

	LEGAL NAME OF OWNER O	LEGAL NAME OF OWNER OF CABLE SYSTEM:						
Name	TDS Broadband Service LLC 2526							
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable syste	entify every television station (including tr em during the accounting period, <i>except</i>	(1) stations carried only on a par	rt-time basis under				
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a	in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. s: With respect to any distant stations car	(e)(2) and (4))]; and (2) certain s	stations carried on a				
	basis under specific FCC r	ules, regulations, or authorizations: re in space G—but do list it in space I (the						
	• List the station here, and basis. For further information	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr	see page (v) of the general instru	uctions.				
	multicast stream associate "WETA-2" as the same on	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.							
		·····), j. · · ····		on is identified.				
		1						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KTFD	2. B'CAST CHANNEL NUMBER 14.1	3. TYPE OF STATION	4. LOCATION OF STATION Denver, CO				
	KTFD KTFD-DT2	2. B'CAST CHANNEL NUMBER 14.1 14.2	3. TYPE OF STATION	4. LOCATION OF STATION Denver, CO Denver, CO				
	KTFD KTFD-DT2 KRMT	2. B'CAST CHANNEL NUMBER 14.1 14.2 41.1	3. TYPE OF STATION	4. LOCATION OF STATION Denver, CO Denver, CO Arvada, CO				
	KTFD KTFD-DT2 KRMT KPJR	2. B'CAST CHANNEL NUMBER 14.1 14.2 41.1 38.1	3. TYPE OF STATION I I-M I I	4. LOCATION OF STATION Denver, CO Denver, CO Arvada, CO Westminster, CO				
	KTFD KTFD-DT2 KRMT KPJR KPJR-DT2	2. B'CAST CHANNEL NUMBER 14.1 14.2 41.1 38.1 38.2	3. TYPE OF STATION I I-M I I I I I	4. LOCATION OF STATION Denver, CO Denver, CO Arvada, CO Westminster, CO Westminster, CO				
	KTFD KTFD-DT2 KRMT KPJR	2. B'CAST CHANNEL NUMBER 14.1 14.2 41.1 38.1	3. TYPE OF STATION I I-M I I	4. LOCATION OF STATION Denver, CO Denver, CO Arvada, CO Westminster, CO				

Accounting Period: 2021/1	FORM SA1-2E. PAGE 4	FOR					
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID						
TDS Broadband Service LLC	25263						
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 receiv		g period.					
Special Instructions Concerning All-Band FM C receivable if (1) it is carried by the system whenever on the basis of monitoring, to be received at the he For detailed information about the Copyright Office paper SA1-2 form.	Transmitters: Radio) it can be expected, ertain stated intervals.					
Column 1: Identify the call sign of each station of Column 2: State whether the station is AM or F							
Column 3: If the radio station's signal was elect		eparate and discrete					
signal, indicate this by placing a check mark in the							
Column 4: Give the station's location (the comn		C or, in the case of					
Mexican or Canadian stations, if any, the communi							
CALL SIGN AM or FM S/D LOCATION	F STATION	S/D LOCATION OF STATION					
N/A							

Accounting Perio	od: 2021/1						FORM	VI SA1-2E. PAGE 5.		
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	TDS Broadband Servi	ce LLC						25263		
l Substitute	SUBSTITUTE CARRIAG	tify every no accounting p	<i>nnetwork telev</i> period, under sp	<i>ision program,</i> broadcast by pecific present and former F	/ a <i>distant</i> sta CC rules, reg	ulations, o	r authorization	ns. For a further		
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Special • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progr										
Statement and			ur cable syster	in carry, on a substitute ba	isis, any noni	ietwork te	levision prog			
Program Log	broadcast by a distant sta	ation?					YES	XNO		
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.									
		2. LOG OF SUBSTITUTE PROGRAMS								
	 In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. 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 "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 6: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was negative to delete under FCC rules and regulations in effect on October 19, 1976. 									
	s	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. F			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6.	TIMES — TO	DELETION		
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT	FROM	- 10			
			+							
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC			SYSTEM II 252					
	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 total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form								
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.			35,224.82 gross receipts)					
L 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less	than \$527,60(o \$263,80(
	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								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00	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			0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m 1. Base amount under statutory formula								
	2. Enter amount of gross receipts from space K	,	_						
		28,575.18	_						
	Enter the amount of gross receipts from space K		235,224.82						
	5. Enter the amount from line 3		•	•					
	6. Subtract line 5 from line 4		206,649.64	-					
	7. Multiply line 6 by .005 (enter figure here)		\$	1,033.25					
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		· \$	1,033.25					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	1. Enter the amount of gross receipts from space K		_						
	2. Base amount under statutory formula	263,800.00	<u> </u>						
	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)			-					
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	<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 Fotal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	1,033.25	<u>.</u>					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	. \$	20.00	-					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,053.25					
	EFT Trace # or TRANSACTION ID #								

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 25263
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	34 164
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	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s 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 own 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)] (X /s/ Sharon V. Tisdale Typed or printed name: Sharon V. Tisdale	ystem as identified
	Typed or printed name: Sharon V. Tisdale Title: Assistant Treasurer (Title of official position held in corporation or partnership)	
	Date: August 23, 2021	

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.

ounting Period: 2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
S Broadband Service LLC	25263
 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	

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