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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	FOR COPYRIGHT OFFICE USE ONLY				
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov 			
General instru	ems (Short Form) actions are located of this workbook	08/23/2021	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	I - see instructions)				
Accounting Period							
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parer	-	idiary of another corporation, give the full co	rporate title			
Owner	List any other name or names under w	hich the owner conducts the business of t	the cable system.				
		the accounting period, only the owner on ty fee payment covering the entire accoun	the last day of the accounting period should still the strength of the second strength of the strength of the second strength of the seco	submit a			
	Check here if this is the system's first f	iling. If not, enter the system's ID number	assigned by the Licensing Division.	25787			
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM					
	TDS Broadband Service LLC						
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERENT)				
	Baja Broadband						
	MAILING ADDRESS OF OWNER 525 Junction Rd.	OF CABLE SYSTEM					
	(Number, street, rural route, apartment, or su						
	Madison, WI 53717-2152 (City, town, state, zip)						
С	INSTRUCTIONS: In line 1, give any bunch and appear in space B. In line						

 System
 1
 IDENTIFICATION OF CABLE SYSTEM:

 Additional and the system
 Mailling ADDRESS OF CABLE SYSTEM:

 2
 (Number, street, rural route, apartment, or suite number)

 (City, town, state, zip code)

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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.

Accounting Period:	2021/1	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	TDS Broadband Service LLC	25787
D Area Served	Instructions: List each separate community served by the cable system. A "d "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f 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, hat you list will serve as a form of system identification hereafter known filings.
	CITY OR TOWN	STATE
First	Fort Stockton	TX
Community		
2		
Add Rows as Necessary		
,		

									SA1-2E. PAGE		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
	TDS Broadband Service LLC										
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES										
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	h blocks in spa	ce E ca	II for the numbe	r of subsc	ribers to the cab					
scribers and	down by categories of secondary	•				•					
Rates	each category by counting the nu separately for the particular serv			0,0				charged			
	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 standar	rd rate variations	within a p	articular rate			
	category, but do not include disc Block 1: In the left-hand block				es of seco	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						Jei Seivic				
	Block 2: If your cable system	-									
	printed in block 1 (for example, the subscribers of										
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description sufficient.							ervice is			
	BLO			BLOCK	(2						
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBER	S RATE		
	Residential:	SUBSCRID	EKS	RATE	CAT	EGORT OF SER	(VICE	SUBSCRIBER	5 RAII		
	Service to first set		526	25.00							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel		9	17.77/mo.							
	Commercial										
	Converter										
	Residential		274	\$6/Mo.							
	Non-residential										
	SERVICES OTHER THAN SEC		Nemie								
_	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										
Comilana	service for a single fee. There ar	•	,		0		0()				
Services Other Than	furnished at cost or (2) services amount of the charge and the un										
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:	Block 1: Give the standard rat							vere net			
Rates	Block 2: List any services that	• •			-	• ·					
	listed in block 1 and for which a separate charge was made or established. List these other serv brief (two- or three-word) description and include the rate for each.										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	DRY OF SERVI			
	Continuing Services:		Install	ation: Non-res	idential						
	• Pay cable	7.40-19.99	• Mc	otel, hotel							
	Pay cable—add'l channel			ommercial		\$0 - \$99.95					
	Fire protection			y cable							
	•Burglar protection			y cable-add'l ch	annel						
	Installation: Residential	0 40 05		e protection							
	 First set Additional set(s) 	0-49.95 0-49.95		rglar protection services:							
	• FM radio (if separate rate)	0-73.33		econnect		0-25					
	· · · /										
	Converter		• [][9	sconnect							
	• Converter			sconnect Itlet relocation		19.98-39.96					

	LEGAL NAME OF OWNER O	DF CABLE SYSTEM:		SYSTEM				
Name	TDS Broadband Ser			25				
	PRIMARY TRANSMITTERS							
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, <i>except</i> (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), 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, 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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, or a noncommercial educational station, by entering the letter "N" (for network, station, an independent station, or a noncommercial educational station, by entering the letter "N" (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. C							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	KMID	2.1	N	Midland, TX				
	KOSA	7.1	N	Odessa, TX				
d Rows as Necessary	KOSA-DT2	7.2	N-M	Odessa, TX				
	KOSA-DT3	7.3	N-M	Odessa, TX				
	KOSA-DT4	7.4	N-M	Odessa, TX				
	KPEJ	24.1	N	Odessa, TX				
	KPEJ-DT2	24.2	N-M	Odessa, TX				
	KWES	9.1	N	Odessa, TX				
	KWES-DT2	9.2	N	Odessa, TX				
		V.2		Uutssa, 1A				
		18.1	I					
	KUPB	18.1	l I-M	Midland, TX				
	KUPB KUPB-DT2	18.2	l I-M F	Midland, TX Midland, TX				
	KUPB KUPB-DT2 KENW	18.2 3	 -M E	Midland, TX Midland, TX Portales, NM				
	KUPB KUPB-DT2	18.2		Midland, TX Midland, TX				
	KUPB KUPB-DT2 KENW	18.2 3		Midland, TX Midland, TX Portales, NM				
	KUPB KUPB-DT2 KENW	18.2 3		Midland, TX Midland, TX Portales, NM				
	KUPB KUPB-DT2 KENW	18.2 3		Midland, TX Midland, TX Portales, NM				
	KUPB KUPB-DT2 KENW	18.2 3		Midland, TX Midland, TX Portales, NM				
	KUPB KUPB-DT2 KENW	18.2 3		Midland, TX Midland, TX Portales, NM				
	KUPB KUPB-DT2 KENW	18.2 3		Midland, TX Midland, TX Portales, NM				
	KUPB KUPB-DT2 KENW	18.2 3		Midland, TX Midland, TX Portales, NM				
	KUPB KUPB-DT2 KENW	18.2 3		Midland, TX Midland, TX Portales, NM				
	KUPB KUPB-DT2 KENW	18.2 3		Midland, TX Midland, TX Portales, NM				

Accounting Per	riod: 2021/	/1					FOR	M SA1-2E. PAGE 4.
LEGAL NAME OF C	OWNER OF C	CABLE S	YSTEM:					SYSTEM ID#
TDS Broadbar	nd Servic	e LLC						25787
PRIMARY TRANS	SMITTERS:	RADIO						
In General: List e	very radio s	tation ca	arried on a separate and discr	ete basis and list	t those FM sta	tions ca	rried on an	H
all-band basis who	ose signals v	were ge	nerally receivable by your cab	ole system during	the accountir	ng period	J.	
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 2: Stat	-	-	each station carried. In is AM or FM					
			nal was electronically process	ed by the cable	svstem as a s	eparate	and discrete	
		-	k mark in the "S/D" column.	,	5			
-			on (the community to which th	ne station is licen	sed by the FC	C or, in	the case of	
Mexican or Canad	lian stations	, if any,	the community with which the	station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION]
N/A								

Accounting Perio							FOR	M SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER O		STEM:					SYSTEM ID	
wanne	TDS Broadband Serv	ice LLC						25787	
l Substitute	In General: In space I, ider substitute basis during the	ntify every no accounting p	onnetwork telev period, under s	ENT AND PROGRAM LC vision program, broadcast by pecific present and former F in this log, see page (v) of f	y a <i>distant</i> sta FCC rules, reg	ulations, c	or authorizatio	ns. For a further	
Substitute Carriage:					ne general in	51100113			
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 								
Statement and			iui cable syste	in carry, on a substitute ba	1515, any nom				
Program Log	broadcast by a distant st						YES	XNO	
	Note: If your answer is "N	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must com	plete the proo	gram	
	log in block 2. 2. LOG OF SUBSTITUT								
	clear. If you need more sp Column 1: Give the title period, was broadcast by under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers ver Column 2: If the progra Column 3: Give the cal Column 4: Give the bro the case of Mexican or Ca Column 5: Give the more first. Example: for May 7 of Column 6: State the tir to the nearest five minutee stated as "6:00–6:30 p.m. Column 7: Enter the le to delete under FCC rules	pace, please e of every n a distant sta regulations, ories like "m s. Bulls." am was broa ll sign of the padcast stat anadian stat anadian stat onth and day give "5/7." nes when th s. Example: " tter "R" if the and regulat mming that	e add additiona onnetwork tele ation and that y or authorizatic ovies" or "bask adcast live, ent e station broadd ion's location (ions, if any, the y when your sy he substitute pr a program car e listed program tions in effect of	rate line. Use abbreviation al rows to the tables. evision program ("substitut your cable system substitu- ons. See page (v) of the ge ketball." List specific progra ter "Yes." Otherwise enter casting the substitute prog (the community to which the e community with which the ystem carried the substitute rogram was carried by you rried by a system from 6:0° m was substituted for prog during the accounting period was permitted to delete und	e program") t ted for the pro- neral instruct am titles, for o "No." ram. e station is lid e station is lid e program. U r cable syste 1:15 p.m. to 6 rramming that od; enter the	hat, durin ogrammir ions for fu example, ' censed by lentified) se numer m. List the 3:28:30 p.1 t your sys letter "P" i	g the account ng of another urther informa "I Love Lucy" y the FCC or, als, with the r e times accur m. should be tem was <i>requ</i> f the listed pr	ing station tion. or in nonth ately	
	SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED 7. R			7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO		
							_		
			+						
			+					· 	
							_		
			+						
							_		
							_		
							_		
			+						
			L						

Name	LEGAL NAME OF OWNER OF TDS Broadband Ser						5	YSTEM II 2578		
K Gross Receipts	GROSS RECEIPTS Instructions: The figure all amounts (gross recei (as identified in space E page (vii) of the general Gross receipts from during the accounti IMPORTANT: You must	pts) paid to your ca) during the accour instructions locate n subscribers for se ng period	able system by s nting period. Fo d in the paper S condary transm	subscribers for r a further expla A1-2 form hission service(the system's anation of ho s)	s secondary trar w to compute th	smission servic iis amount, se	¢ 5,792.31		
L Copyright Royalty Fee	COPYRIGHT ROYALTY Instructions: To compute • Complete block 1, block • Use block 1 if the amoun • Use block 2 if the amoun • Use block 3 if the amoun See page (vi) of the general	the royalty fee you 2, or block 3. nt of gross receipts nt of gross receipts nt of gross receipts	in space K is \$ in space K is n in space K is n	nore than \$137 nore than \$263	,100 but less ,800 but less	than \$527,600	o \$263,80(
		BLOCK	(1: GROSS RE	ECEIPTS OF \$	137,100 OF	RLESS				
	Instructions: As a cable s accounting period is \$52.0		ceipts of \$137,10	0 or less, the ro	yalty fee that	you must pay fo	this six-month			
	Line 1. Royalty fee for acc	counting period								
	Line 2. Interest charge. E	Enter the amount from	m line 4, space (Q, page 8				0.00		
	Line 3. TOTAL ROYALT									
		LOCK 2: GROSS I								
	 Base amount under sta Enter amount of gross 					263,800.00	_			
	3. Subtract line 2 from line					88,007.69				
	4. Enter the amount of gro				-		175,792.31			
	5. Enter the amount from						·			
	6. Subtract line 5 from line									
	7. Multiply line 6 by .005 (438.92		
	8. Interest charge. Enter							0.00		
	9. TOTAL ROYALTY FE			-				438.92		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)									
	1. Enter the amount of gro	oss receipts from sp	ace K							
	2. Base amount under sta	atutory formula			\$	263,800.00				
	3. Subtract line 2 from line	e 1					_			
	4. Multiply line 3 by .01					· · ·				
	5. Royalty due on the first	\$263,800 of gross	receipts (under s	statutory formula)	\$	1,319.00			
	6. Interest charge. Enter	the amount from line	e 4, space Q, pa	ge 8		·	0.00			
	7. TOTAL ROYALTY FE	E PAYABLE FOR A	CCOUNTING P	ERIOD. Add lin	es 4, 5, and (3				
		FILING FEE	AND TOTAL	REMITTANCE	DUE					
Filing Fee and Total Remittance	1. Royalty Fee Payable fo	or Accounting Period	l (from Block 1, 2	2, or 3, above) .		\$	438.92			
Due	2. Filing Fee (See the inst	tructions for more in	formation on filin	g fee calculatior	ns)	\$	20.00			
	3. TOTAL AMOUNT DUE	FOR ACCOUNTIN	IG PERIOD. Ad	d lines 2 and 3			\$	458.92		
		EFT Trace # c	or TRANSACTIC	ON ID #]			
	Important: Ye See page i of th	our remittance must								

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 25787
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 . on which the cable system carried television broadcast stations and nonbroadcast services .	13 143
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 I (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables 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)] X /s/ Sharon V. Tisdale 	system as identified ner 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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AL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 8
	SYSTEM ID
S Broadband Service LLC	25787
 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? X NO YES. Enter the total here and list the satellite carrier(s) below	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	
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	
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	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
 in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	

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