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	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
	[2021/1					
		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)					
	INSTRI	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
С		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)					
	1	(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.

		FORM SA1-2E. PAGE 1b					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:					
Name	TDS Broadband Service LLC	29120					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	r mobile home parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	Cedar City	UT					
Community	Iron County	UT					
	•						
add Rows as Necessary							
,							

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

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 	882	25.00			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel	116	17.77/mo.			
Commercial					
Converter					
Residential	617	\$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			

29120

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29120

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
KTVX	4.1	N	Salt Lake City, UT
KTVX-DT2	4.2	N	Salt Lake City, UT
KUTV	2.1	N	Salt Lake City, UT
KSL	5.1	N	Salt Lake City, UT
KSL-DT2	5.2	N-M	Salt Lake City, UT
KSL-DT3	5.3	N-M	Salt Lake City, UT
KSTU	13.1	N	Salt Lake City, UT
KSTU-DT2	13.2	N-M	Salt Lake City, UT
KSTU-DT3	13.3	N-M	Salt Lake City, UT
KSTU-DT4	13.4	N-M	Salt Lake City, UT
KUCW	30.1	<u> </u>	Ogden, UT
KUCW-DT3	30.3	I-M	Ogden, UT
KMYU	12.1	<u> </u>	St. George, UT
KUED	7.1	E	Salt Lake City, UT
KUEN	9.1	E	Ogden, UT
KJZZ	14.1	<u>l</u>	Salt Lake City, UT
KJZZ-DT2	14.2	I-M	Salt Lake City, UT
KJZZ-DT3	14.3	I-M	Salt Lake City, UT
KJZZ-DT4	14.4	I-M	Salt Lake City, UT
KUPX	16.1	<u> </u>	Provo, UT
KCSG	4.1	<u> </u>	Cedar City, UT
KCSG-DT2	4.2	I-M	Cedar City, UT
KBYU	11.1	E	Provo, UT

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

29120

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	nd: 2021/1						FOD	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	SYSTEM ID#
Name	TDS Broadband Servi	ce LLC						29120
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
Substitute	In General: In space I, iden substitute basis during the explanation of the programm	tify every no accounting p	<i>nnetwork telev</i> eriod, under sp	ision program, broadcast by pecific present and former F	<i>a distant</i> sta CC rules, reg	ulations, o	r authorizatio	ns. For a further
Carriage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	During the accounting per	riod, did yo	ur cable syste	m carry, on a substitute ba	sis, any nonr	etwork te	levision prog	ır <u>am</u>
Program Log	broadcast by a distant sta	ation?					YES	X NO
-	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	s "Yes," you r	nust comp	olete the pro	
	log in block 2.							-
	2. LOG OF SUBSTITUT		_					
	In General: List each subsclear. If you need more sp				s wherever po	ossible, if	their meanin	g is
				vision program ("substitute	e program") tl	nat, during	the accoun	ting
	period, was broadcast by							
	under certain FCC rules, rules, rules po not use general categor							
	"NBA Basketball: 76ers vs	. Bulls."				,	,	
				er "Yes." Otherwise enter ' casting the substitute progr				
				the community to which the		ensed by	the FCC or,	in
	the case of Mexican or Ca						1	
	first. Example: for May 7 g	,	when your sy	stem carried the substitute	e program. Us	se numera	als, with the i	month
	Column 6: State the tin	nes when th		ogram was carried by you				
	to the nearest five minutes		a program car	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the let		listed program	n was substituted for prog	ramming that	your syst	em was <i>requ</i>	uired
	to delete under FCC rules	and regulat	ions in effect o	during the accounting perio	od; enter the I	etter "P" if	the listed pr	
	was substituted for progra effect on October 19, 1976	•	your system w	as permitted to delete und	ler FCC rules	and regu	lations in	
	enection October 19, 1970). 			.			T
		I IDOTITI IT	E DD00D44		WHEN SUBSTITUTE			
			E PROGRAM 3. STATION'S		CARRIAGE OCCURRED 5 MONTH 6. TIMES			7. REASON FOI DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	
							_	
								"
								"
							_	
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Accounting Period:	2021/1		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC		S	STEM ID# 29120
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's sec (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transno compute this	nission service amount, se	,762.88
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 that Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information.		5263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LE	SS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00 Line 1. Royalty fee for accounting period		nis six-month	
	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 more		00)	
	1. Base amount under statutory formula			
	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			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	····		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but let	ss than \$527,6	600)	
	1. Enter the amount of gross receipts from space K	289,762.88		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	25,962.88		
	4. Multiply line 3 by .01	\$	259.63	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	<u>-</u>	\$ 1	,578.63
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	1,578.63	
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	,598.63
	EFT Trace # or TRANSACTION ID #			
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form and the Excel instructions.			

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 29120				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the country to its subscribers, and (2) the cable system's total number of activated					
	Enter the total number of channels on which the cable system carried television broadcast stations	23				
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	153				
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS N we can contact about this statement of account.)	EEDED (Identify an individual to whom				
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 <u>finance@tdstelecom.com</u>	Fax (optional)				
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)					
O Certification	I, the undersigned, hereby certify that (Check one, but only one, of the bo	xes.)				
	(Owner other than corporation or partnership) I am the own	er of the cable system as identified in line 1 of space B; or				
	in line 1 of space B and that the owner is not a corporation					
	in line 1 of space B.	er (if a partnership) of the legal entity identified as owner of the cable system				
	 I have examined the statement of account and hereby declare under per are true, complete, and correct to the best of my knowledge, information, [18 U.S.C., Section 1001(1986)] 					
	X /s/ Sharon	V. Tisdale				
		re on the line above to certify this statement. s/ signature" (e.g., /s/ John Smith)				
	Typed or printed name: Sharon V.	Tisdale				
	Title: Assistant Treasu (Title of official position held in corporation)					
	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	29120
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
	3111111111111111111
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
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x da	ys
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	***************************************
ID number First community served Accounting period	

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