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

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	l .								
		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							
В		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								
		TDC President Coming II C							
		TDS Broadband Service LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		BUSINESS NAME(S) OF OWNER OF CABLE STSTEM (IF DIFFERENT)							
		Baja Broadband							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)							
		Madison, WI 53717-2152							
		(City, town, state, zip)							
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
	-	already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

ccounting Period:	2021/1	FORM SA1-2E. PAGE 1b
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	TDS Broadband Service LLC	29451
D	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	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known
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	FORT CARSON	CO
Community	COLORADO SPRINGS	СО
dd 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 	175	25.00				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel		17.77/mo.				
Commercial						
Converter						
Residential	170	\$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			

29451

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29451

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
KRDO	13.1	N	Colorado Springs, CO
KRDO-DT3	13.3	N-M	Colorado Springs, CO
KKTV	11.1	N	Colorado Springs, CO
KKTV-DT2	11.2	N-M	Colorado Springs, CO
KXRM	21.1	N	Colorado Springs, CO
KXTU-LD	21.2	N-M	Colorado Springs, CO
KOAA	5.1	N	Pueblo, CO
KOAA-DT2	5.2	N-M	Pueblo, CO
KOAA-DT3	5.3	N-M	Pueblo, CO
KOAA-DT4	5.4	N-M	Pueblo, CO
KTSC	8.1	E	Pueblo, CO
KTLO-LP	46.1	<u> </u>	Colorado Springs, CO
KWHS-LD	51.1	<u> </u>	Colorado Springs, CO

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

29451

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						FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	TDS Broadband Servi	ce LLC						29451
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	OG .			
Substitute	In General: In space I, iden substitute basis during the a	tify every no accounting p	<i>nnetwork telev</i> eriod, under s _l	ision program, broadcast b	y a <i>distant</i> sta FCC rules, reg	ulations, c	or authorizat	ions. For a further
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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	pecial During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television period.							ogram
Statement and Program Log	broadcast by a distant sta	ation?					YES	X NO
	Note: If your answer is "No	o". leave the	rest of this pa	age blank. If vour answer i	is "Yes." vou r	nust com		
	log in block 2.		·					·
	2. LOG OF SUBSTITUT	E PROGRA	AMS					
	period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra 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 tirr to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every not a distant state egulations, or ries like "mo. Bulls." m was broa sign of the adcast statinadian statinth and day ive "5/7." les when th . Example: ter "R" if the and regulatemming that	add additional add additional annetwork teletion and that your authorization by the station broad on's location ons, if any, the when your syes substitute program care listed programions in effect of	Il rows to the tables. Evision program ("substitut vour cable system substitut vour cable system substitut vour cable system substitut vour cable system substitut vour cable system substitute program ("Yes." Otherwise enter casting the substitute program unity to which the community with which the community with which the vour carried the substitut vogram was carried by your ried by a system from 6:0 m was substituted for programing the accounting period vour cable to the countries of the countries of the countries of the carried the carried by going the accounting period voice of the carried the carried the carried the carried the carried by going the accounting period voice of the carried th	e program") the program that of the program titles, for each of the program. "No." gram. The e station is like the program. The program. The cable system of the program to the program to the program that od; enter the like the program that od; enter the like the program to the program that od; enter the like the program to the program to the program to the like the program to the program t	hat, during ogramminions for fuexample, "censed by entified). se numerous citations in the citation of the cit	g the accoung of another urther inform "I Love Lucy the FCC or als, with the etimes account should be tem was reaf the listed programmer of the listed programmer of the listed programmer of the listed programmer.	nting or station nation. " or r, in e month urately e
	SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REAS			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
							_	
							_	
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	YST					
K Gross Receipts	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	7,460					
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gro						
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.						
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00						
	Line 1. Royalty fee for accounting period	5					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	(
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	5					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)						
	1. Base amount under statutory formula						
	2. Enter amount of gross receipts from space K						
	3. Subtract line 2 from line 1						
	4. Enter the amount of gross receipts from space K						
	5. Enter the amount from line 3						
	6. Subtract line 5 from line 4						
	7. Multiply line 6 by .005 (enter figure here)						
	8. Interest charge. Enter the amount from line 4, space Q, page 8	-					
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)						
	Enter the amount of gross receipts from space K						
	2. Base amount under statutory formula						
	3. Subtract line 2 from line 1						
	4. Multiply line 3 by .01						
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)						
	6. Interest charge. Enter the amount from line 4, space Q, page 8						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6						
	FILING FEE AND TOTAL REMITTANCE DUE						
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)						
	2. Filing Fee (See the instructions for more information on filing fee calculations)						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	6					
	EFT Trace # or TRANSACTION ID #						

Accounting Period:	2021/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: d Service LLC	SYSTEM ID# 29451
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	nu must give (1) the number of channels on which the cable system carried television brown, and (2) the cable system's total number of activated channels during the accounting punumber of channels on which the cable television broadcast stations	13
	and nonbroadc	ast services	143
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to bout this statement of account.)	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	finance@tdstelecom.com Fax (opt	ional)
	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright C	Office regulations)
O Certification	• I, the undersigne	ed, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	r other than corporation or partnership) I am the owner of the cable system as identified	d in line 1 of space B; or
		of owner other than corporation or partnership) I am the duly authorized agent of the cline 1 of space B and that the owner is not a corporation or partnership; or	owner of the cable system as identified
		er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal en ine 1 of space B.	tity identified as owner of the cable system
		I the statement of account and hereby declare under penalty of law that all statements of fae, and correct to the best of my knowledge, information, and belief, and are made in good for 1001(1986)]	
		X /s/ Sharon V. Tisdale	
		Enter an electronic signature on the line above to certify this : 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	29451
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	e basic nclude sub- Special Statement
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 transmade by satellite carriers to satellite dish owners? X NO	smissions
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 under For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	00274
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	<u>-</u>
•	st charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistant contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	ice please
** 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 Offilist below the owner, address, first community served, ID number, and accounting period as given in the origin	
Owner	
Address	
ID number First community served	
Accounting period	

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