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.

Г

SA1-2E Short Form

Return completed workbook

STATEME	NT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:			
for Secondar	ry Transmissions by	DATE RECEIVED	AMOUNT				
Cable Syster	ns (Short Form)			<u>coplicsoa@copyright.gov</u>			
			\$	For additional information, contact the U.S. Copyright			
General instruc	ctions are located			Office Licensing Division at:			
in the first tab c	of this workbook	0/40/0000	ALLOCATION NUMBER	Tel: (202) 707-8150			
		2/18/2022					
Α	ACCOUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY	YYY/(Period))				
		· ·					
		1					
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
	20212	Barcode Data Filing Period (optiona	I - see instructions)				
	20212		,				
Accounting Period							
	Instructions: Give the full legal name of the owner of th	e cable system. If the owner is a subsi	diary of another corporation, give the full corp	porate title of			
В	the subsidiary, not that of the parent corp						
Owner	List any other name or names under which	the owner conducts the business of th	ne 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 payn			ionine a single			
	Check here if this is the system's first filing	If not, enter the system's ID number	assigned by the Licensing Division.	10034			
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE STSTEM					
	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 n	umber)					
	Madison, WI 53717-2152 (City, town, state, zip)						
C	INSTRUCTIONS: In line 1, give any busin	ess or trade names used to ider	ntify the business and operation of the	e system unless these			
С	names already appear in space B. In line :	2, give the mailing address of th	e system, if different from the address	s given in space B.			
System	IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM	:					
	2 (Number, street, rural route, apartment, or suite n	umber)					
	(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 sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2021/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	10034
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated cor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Area Served	city.	e nome parks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First	TRUTH OR CONSEQUENCES	NM
Community	SIERRA	NM
	WILLAMSBURG	NM
Add Rows as Necessary		

									A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C							51	1003
	TDS Broadband Service	LLC							1003
_	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	BERS AND RA	TES				
E	In General: The information in s	pace E should	cover a	all categories of	secondar	•			
O	system, that is, the retransmission								
Secondary Fransmission	about other services (including p last day of the accounting period						nose existi	ng on the	
Service: Sub-	Number of Subscribers: Both	blocks in spa	ce E ca	ll for the numbe	r of subso	ribers to the ca			
scribers and	down by categories of secondary					•			
Rates	each category by counting the ne separately for the particular serv			•••				cnarged	
	Rate: Give the standard rate c	harged for eac	h categ	ory of service.	nclude bo	oth the amount o	of the charg		
	unit in which it is generally billed	• •		,	ny standa	rd rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondarv transmis	sion servic	e that cable	
	systems most commonly provide	e to their subsc	ribers.	Give the numbe	er of subso	cribers and rate	for each lis	ted category	
	that applies to your system. Note			-		•			
	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.	inu rates, in the	e nym-i	IATIU DIUCK. A U					
Ĺ	BL	OCK 1 BLOCK 2							
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCIUD	LING		CAI			SUBSCITIBLITS	
	Service to first set		354	25.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		39	17.77/mo.					
	Commercial								
	Converter								
	Residential		307	\$6/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS						
-	In General: Space F calls for rat					ll your cable sys	tem's servi	ices 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								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.							
ransmissions: Rates	Block 1: Give the standard rat							were not	
Rates	-	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		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	E RAT
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	8.00-15.00	•	otel, hotel					
	• Pay cable—add'l channel		•	mmercial		\$0 - \$50			
	Fire protection		•	y cable					
	•Burglar protection			y cable-add'l ch a protoction	annel				
	Installation: Residential First set 	¢0 ¢50		e protection					
	Additional set(s)	\$0 - \$50 \$0 - \$50		rglar protection services:					
	• FM radio (if separate rate)	φ υ - φ50	•	connect		0-25			
	Converter			sconnect		0-20			
			• Ou	Itlet relocation		19.98-39.96			

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM			
Name	TDS Broadband Ser	vice LLC		10			
	PRIMARY TRANSMITTERS:	: TELEVISION					
G	carried by your cable syste	dentify every television station (including tran em during the accounting period, <i>except</i> (1) s in effect on June 24, 1981, permitting the c) stations carried only on a part-ti	ime basis under			
Primary	76.59(d)(2) and (4), 76.61	(e)(2) and (4), or 76.63 (referring to 76.61(e					
ransmitters: Television		as explained in the next paragraph. Is: With respect to any distant stations carrie	ied bv vour cable svstem on a su	bstitute program			
0.0110.0.1	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 bo					
		tion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination prog					
		ed with a station according to its over-the-ai	ir designation. For example, repo	ort multistream			
	"WETA-2" as the same on Column 2: Give the chann	n the form. nel number the FCC assigned to the televis	sion station for broadcasting over	the air in its community			
		WRC is channel 4 in Washington, D.C. ch case whether the station is a network stat	tion an independent station or a	popeommercial			
	educational station, by ent	tering the letter "N" (for network), "N-M" (for	network multicast), "I" (for indep	endent), "I-M"			
	(for independent multicast	t), "E" (for noncommercial educational), or "I terms, see page (iv) of the general instruction	E-M" (for noncommercial educati				
		ion of each station. For U.S. stations, list the		is licensed by the			
	FCC. For Mexican or Cana	adian stations, if any, give the name of the o	community with which the station	n is identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	KOAT	7.1	N	Albuquerque, NM			
	KOAT-DT2	7.2	N-M	Albuquerque, NM			
Rows as Necessary	KOAT-DT3	7.3	N-M	Albuquerque, NM			
	КВІМ	10.1	N	Roswell, NM			
	KBIM-DT2	10.2	N-M	Roswell, NM			
	KBIM-DT2 KOBR	10.2 8.1	N-M N	Roswell, NM Roswell, NM			
	KOBR	8.1	N	Roswell, NM			
	KOBR KOBR-DT2	8.1 8.2	N	Roswell, NM Roswell, NM			
	KOBR KOBR-DT2 KLUZ	8.1 8.2 14.1	N	Roswell, NM Roswell, NM Albuquerque, NM			
	KOBR KOBR-DT2 KLUZ KUPT	8.1 8.2 14.1 29.1	N	Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM			
	KOBR KOBR-DT2 KLUZ KUPT KRTN	8.1 8.2 14.1 29.1 39.1	N N-M I I I	Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Albuquerque, NM			
	KOBR KOBR-DT2 KLUZ KUPT KRTN KRTN-DT6	8.1 8.2 14.1 29.1 39.1 39.6	N N-M I I I I I-M	Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Albuquerque, NM Albuquerque, NM			
	KOBR KOBR-DT2 KLUZ KUPT KRTN KRTN-DT6 KUPT-DT3	8.1 8.2 14.1 29.1 39.1 39.6 29.3	N N-M I I I I I-M	Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM			
	KOBR KOBR-DT2 KLUZ KUPT KRTN KRTN-DT6 KUPT-DT3 KASA	8.1 8.2 14.1 29.1 39.1 39.6 29.3 2.1	N N-M I I I I I-M I-M I	Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM			
	KOBR KOBR-DT2 KLUZ KUPT KRTN KRTN-DT6 KUPT-DT3 KASA KENW	8.1 8.2 14.1 29.1 39.1 39.6 29.3 2.1 3.1	N N-M I I I I I-M I-M I	Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Portales, NM			
	KOBR KOBR-DT2 KLUZ KUPT KRTN KRTN-DT6 KUPT-DT3 KASA KENW KRPV-DT	8.1 8.2 14.1 29.1 39.1 39.6 29.3 2.1 3.1 27.1	N N-M I I I I I-M I-M I	Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM			
	KOBR KOBR-DT2 KLUZ KUPT KRTN KRTN-DT6 KUPT-DT3 KASA KENW KRPV-DT KCHF	8.1 8.2 14.1 29.1 39.1 39.6 29.3 2.1 3.1 27.1 11.1	N N-M I I I I I-M I-M I	Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM			
	KOBR KOBR-DT2 KLUZ KUPT KRTN KRTN-DT6 KUPT-DT3 KASA KENW KRPV-DT KCHF	8.1 8.2 14.1 29.1 39.1 39.6 29.3 2.1 3.1 27.1 11.1	N N-M I I I I I-M I-M I	Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM			
	KOBR KOBR-DT2 KLUZ KUPT KRTN KRTN-DT6 KUPT-DT3 KASA KENW KRPV-DT KCHF	8.1 8.2 14.1 29.1 39.1 39.6 29.3 2.1 3.1 27.1 11.1	N N-M I I I I I-M I-M I	Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM			
	KOBR KOBR-DT2 KLUZ KUPT KRTN KRTN-DT6 KUPT-DT3 KASA KENW KRPV-DT KCHF	8.1 8.2 14.1 29.1 39.1 39.6 29.3 2.1 3.1 27.1 11.1	N N-M I I I I I-M I-M I	Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM			
	KOBR KOBR-DT2 KLUZ KUPT KRTN KRTN-DT6 KUPT-DT3 KASA KENW KRPV-DT KCHF	8.1 8.2 14.1 29.1 39.1 39.6 29.3 2.1 3.1 27.1 11.1	N N-M I I I I I-M I-M I	Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM			
	KOBR KOBR-DT2 KLUZ KUPT KRTN KRTN-DT6 KUPT-DT3 KASA KENW KRPV-DT KCHF	8.1 8.2 14.1 29.1 39.1 39.6 29.3 2.1 3.1 27.1 11.1	N N-M I I I I I-M I-M I	Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM			

	: 2021/2			FORM SA1-2E. PA				
Nama	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM				
Name	TDS Broadband Ser	vice LLC		10				
	PRIMARY TRANSMITTERS	TELEVISION						
~	In General: In space G, ic	dentify every television station (including tra	anslator stations and low power televis	ion stations)				
G	carried by your cable syste	em during the accounting period, except (1	l) stations carried only on a part-time b	basis under				
	5	s in effect on June 24, 1981, permitting the	0 10 1					
Primary		(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations	carried on a				
ransmitters: Television		as explained in the next paragraph. is: With respect to any distant stations carr	ied huvour cable system on a substitu	ita startam				
lelevision		rules, regulations, or authorizations:	led by your capie system on a substitu	ite program				
		ere in space G—but do list it in space I (the	Special Statement and Program Log)-	—if the				
	station was carried only o							
		l also in space I, if the station was carried b						
		tion concerning substitute basis stations, se						
		on's call sign. <i>Do not</i> report origination pro						
		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.						
		adian stations if any dive the name of the	community with which the station is id	-				
		adian stations, if any, give the name of the	community with which the station is id	-				
		adian stations, if any, give the name of the	community with which the station is id	-				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	community with which the station is id 3. TYPE OF STATION	-				
	1. CALL SIGN			entified.				
	1. CALL SIGN			entified.				
	1. CALL SIGN			entified.				
	1. CALL SIGN			entified.				
	1. CALL SIGN			entified.				
	1. CALL SIGN			entified.				
	1. CALL SIGN			entified.				
	1. CALL SIGN			entified.				

Accounting Period: 2021/2				FO	RM SA1-2E. PAGE 4.
LEGAL NAME OF OWNER OF CABLE SYSTEM:					SYSTEM ID#
TDS Broadband Service LLC					10034
PRIMARY TRANSMITTERS: RADIO					
In General: List every radio station carried on a separate and discrete b	basis and list t	hose FM station	ons carr	ied on an	H
all-band basis whose signals were generally receivable by your cable sy	system during t	he accounting	period.		
Special Instructions Concerning All-Band FM Carriage: Under Copy receivable if (1) it is carried by the system whenever it is received at the on the basis of monitoring, to be received at the headend, with the syste For detailed information about the Copyright Office regulations on this p paper SA1-2 form. 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 to signal, indicate this by placing a check mark in the "S/D" column.	e system's hea tem's FM anter point, see pag by the cable sy	idend, and (2) ina, during cer e (v) of the ge ystem as a sep	it can b rtain sta neral ins parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters: Radio
Column 4: Give the station's location (the community to which the st		-	or, in th	ne case of	
Mexican or Canadian stations, if any, the community with which the stat	ation is identifie	u).			
CALL SIGN AM or FM S/D LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	1
N/A					

Accounting Perio	d: 2021/2					FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF		EM:				SYSTEM ID#
Name	TDS Broadband Servio	ce LLC					10034
Substitute	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	fy every non	network televisi eriod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regulations, or	authorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				5		
Special	During the accounting per				s any nonnetwork te	levision program	n
Statement and	broadcast by a distant sta	•		carry, on a cubolitato baci			
Program Log						YES	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	Yes," you must comp	plete the program	m
	log in block 2.						
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	titute progra ce, please a of every no distant stat gulations, o ies like "mo Bulls." n was broad sign of the s adcast static th and day <i>v</i> e "5/7." es when the Example: a er "R" if the and regulatio	Im on a separa add additional r nnetwork televi ion and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th ons, if any, the c when your syst e substitute prog- program carrie listed program ons in effect du	rows to the tables. sion program ("substitute pur cable system substituteds. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N sting the substitute progra te community to which the community with which the set tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period.	brogram") that, during d for the programming ral instructions for fu n titles, for example, " lo." m. station is licensed by station is identified). brogram. Use numera cable system. List the 15 p.m. to 6:28:30 p.r mming that your syst e enter the letter "P" if	g the accounting g of another sta rther information I Love Lucy" or the FCC or, in als, with the mon times accurate n. should be sem was <i>require</i>	y tion n. hth ely
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules and regu	lations in	
	effect on October 19, 1976.				WHEN SUB	STITUTE	
	S	UBSTITUT	E PROGRAM		CARRIAGE O		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY FROM	6. TIMES 1 — TO	
						_	
						_	
		+					+
		+					+
		+					
						_	
						_	
		+					
							+
						_	
						-	
						_	
					<u> </u>		
						-	

ccounting Period:	2021/2	FORM SA	1-2E. PAC			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	S	STEM) 100			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	nission service amount, see	,803.62			
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 than or equal to \$ • 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.	263,800				
	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 t accounting period is \$52.00	his six-month				
	Line 1. Royalty fee for accounting period	\$	52.00			
	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		52.00			
	1. Base amount under statutory formula \$ 263,800.00	,				
	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					
	Enter the amount of gloss receipts non space . 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 less than \$527	,600)				
	1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$ 263,800.00					
	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)	1,319.00				
	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 Fotal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00				
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00			
	EFT Trace # or TRANSACTION ID #]				

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 10034
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	17 150
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 Melinda Riddle Telephone Address 525 Junction Rd (Number, street, rural route, apartment, or suite number) Image: Comparison of the suite number	e <u>(802) 485-9752</u>
	(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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified
	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: February 18, 2022	

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.

unting Period: 2021/2	FORM SA1-2E. PAGI
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Broadband Service LLC	100
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 Name Mailing Address	
INTEREST ASSESSMENT	
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
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q Interest Assessme
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 Interest Assessme
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 Interest Assessme
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. Line 1 Enter the amount of late payment or underpayment	
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. Line 1 Enter the amount of late payment or underpayment	
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. Line 1 Enter the amount of late payment or underpayment	
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. Line 1 Enter the amount of late payment or underpayment	
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. Line 1 Enter the amount of late payment or underpayment	
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. Line 1 Enter the amount of late payment or underpayment	
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. Line 1 Enter the amount of late payment or underpayment	
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. Line 1 Enter the amount of late payment or underpayment	
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. Line 1 Enter the amount of late payment or underpayment	
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. Line 1 Enter the amount of late payment or underpayment	
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. Line 1 Enter the amount of late payment or underpayment	
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. Line 1 Enter the amount of late payment or underpayment	

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.