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					
2/18/2022	\$					
	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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20212 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions:  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
	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 number)
	Madison, WI 53717-2152
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:
	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	TDS Broadband Service LLC	1446						
	Instructions: List each separate community served by the cable system. A "community							
D	separate and distinct community or municipal entity (including unincorporated comm							
_	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know community." Please use it as the first community on all future filings.							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the identified						
Served	city.							
	CITY OR TOWN	STATE						
First	Estes Park	CO						
Community	Larimer County	CO						
d Rows as Necessary								

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

**TDS Broadband Service LLC** 

1446

## Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	959	25.00			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel	352	21.33/mo.			
Commercial					
Converter					
Residential	534	\$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	8.00-15.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	\$0 - \$50		
Fire protection		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	\$0 - \$50	Burglar protection			
<ul><li>Additional set(s)</li></ul>	\$0 - \$50	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	0-25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1446

TDS Broadband Service LLC
PRIMARY TRANSMITTERS: TELEVISION

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, 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
кмен	7.1	N	Denver, CO
KMGH-DT2	7.2	N-M	Denver, CO
KMGH-DT3	7.3	N-M	Denver, CO
KCNC	4.1	N	Denver, CO
KCNC-DT2	4.2	N-M	Denver, CO
KCNC-DT3	4.3	N-M	Denver, CO
KUSA	9.1	N	Denver, CO
KUSA-DT2	9.2	N-M	Denver, CO
KUSA-DT3	9.3	N-M	Denver, CO
KUSA-DT5	9.5	N-M	Denver, CO
KDVR	31.1	N	Denver, CO
KDVR-DT2	31.2	N-M	Denver, CO
KDVR-DT3	31.3	N-M	Denver, CO
KRMA	6.1	E	Denver, CO
КРХС	59.1	l	Aurora, CO
KDEN	25.1	l	Centennial, CO
KDEN-DT2	25.2	I-M	Centennial, CO
KWGN	2.1	l	Denver, CO
KWGN-DT2	2.2	I-M	Denver, CO
KWGN-DT3	2.3	I-M	Denver, CO
KTVD	20.1	I	Denver, CO
KTVD-DT2	20.2	I-M	Denver, CO
KPJR	38.1	l	Westminster, CO
KPJR-DT2	38.2	I-M	Westminster, CO

A	2024/2	500000005 0005
Accounting Period:	: 2021/2	FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	1446
	PRIMARY TRANSMITTERS: TELEVISION	
G	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	
Primary	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	
Transmitters:	substitute program basis, as explained in the next paragraph.	
Television	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. 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KPJR-DT3	38.3	I-M	Westminster, CO
KQCK	39	I	Cheyenne, WY

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **TDS Broadband Service LLC**

1446

#### 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							

	d: 2021/2						FOR	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#			
Name	TDS Broadband Servic	e LLC						1446			
	SUBSTITUTE CARRIAGE	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	eriod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	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	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "Yes," you must complete the program										
Statement and Program Log											
1 Togram Log											
	log in block 2.	, icave tric	rest of this pag	je blank. Il your answer is	res, you me	ist compic	ic the progra				
	2. LOG OF SUBSTITUTE	PROGRA	MS								
	In General: List each substi			te line. Use abbreviations	wherever pos	sible, if the	eir meaning is	3			
	clear. If you need more space				W\ 41						
	period, was broadcast by a			sion program ("substitute							
	under certain FCC rules, reg										
	Do not use general categori	es like "mo									
	"NBA Basketball: 76ers vs.		deaet live onto	r "Yes." Otherwise enter "N	do."						
				isting the substitute progra							
				e community to which the			e FCC or, in				
	the case of Mexican or Cana			community with which the tem carried the substitute			with the mor	nth			
	first. Example: for May 7 giv		Wilch your sys	terri carried the substitute	program. Osc	Humerais	, with the mo	1101			
				gram was carried by your				ely			
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m.	should be				
	stated as "6:00–6:30 p.m."  Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that v	our syster	n was <i>require</i>	ed			
	to delete under FCC rules a										
		ming that y	our system wa	s permitted to delete unde	er FCC rules a	ind regula	tions in				
	effect on October 19, 1976.			was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							
	WHEN SUBSTITUTE										
					WHE	N SUBST	TITUTE				
	S		E PROGRAM	l	CARRI	AGE OC	CURRED	7. REASON FOR DELETION			
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM  3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OC		_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC	CURRED TIMES	_1			

Accounting Period: 2	2021/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	1446
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entrall 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 at 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.	ission service
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 \$2  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.	:63,800
	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 the 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 than \$137,1)	
		00)
	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	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	
	· · · · · · · · · · · · · · · · · · ·	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	1,769.20
	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	\$ 3,088.20
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3,088.20
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	\$ 3,108.20
	EFT Trace # or TRANSACTION ID #	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABL TDS Broadband Service LLC				SYSTEM ID# 1446
M Channels	to its subscribers, and (2) the ca	cable system's total nur	nels on which the cable system carried te mber of activated channels during the ac able	counting period.	26
	Enter the total number of act on which the cable system or and nonbroadcast services .	carried television broad			156
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACT we can contact about this state		FORMATION IS NEEDED (Identify an ind	lividual to whom	
for Further Information	Name Melinda Ri	Riddle		Telephone (80	02) 485-9752
	Address 525 Juncti (Number, street, Madison, ) (City, town, state,	rural route, apartment, or s	suite number)		
	Email <u>fina</u>	nance@tdstelecom.com		Fax (optional	
•	CERTIFICATION (This statement	t of account must be co	ertified and signed in accordance with Cc	opyright Office regulations)	
O Certification	• I, the undersigned, hereby certify	y that (Check one, <i>but o</i>	only one, of the boxes.)		
	(Owner other than co	orporation or partnersl	hip) I am the owner of the cable system as	identified in line 1 of space B; or	
			partnership) I am the duly authorized ager is not a corporation or partnership; or	nt of the owner of the cable system	m as identified
	(Officer or partner) I in line 1 of space		oration) or a partner (if a partnership) of the	e legal entity identified as owner o	of the cable system
		to the best of my knowle	leclare under penalty of law that all stateme edge, information, and belief, and are made		
	•	X			
			n electronic signature on the line above to ce ignature using an "/s/ signature" (e.g., /s/ Jo		
	Туј	ped or printed name:	Sharon V. Tisdale		
	Titl		stant Treasurer		
	Da	ate:		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.

counting Period: 2021/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
OS Broadband Service LLC	1446
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
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
x	_
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	
(interest charge)	
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