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	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting		20212 Barcode Data Filing Period (optional - see instructions)							
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.	3170						
		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)							
_	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un	less these						
C		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp							
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)							
		$ \mathbf{p}(\mathbf{p}) = (1 - 1)^{-1/2}$							

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
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM IC
Name	TDS Broadband Service LLC	317
D	Instructions: List each separate community served by the cable system. A "community" is separate and distinct community or municipal entity (including unincorporated communiti unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as community." Please use it as the first community on all future filings.	ies within unincorporated areas and including single, discret s a form of system identification hereafter known as the "fir
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home city.	parks should be reported in parentheses below the identifie
	CITY OR TOWN	STATE
First	WOODLAND PARK	CO
Community	WOODLAND PARK TELLER	CO
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

3170

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.

BL	OCK 1	BLOCK	(2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	402	25.00			
Service to additional set(s)					
 FM radio (if separate rate) 					
Motel, hotel	38	17.77/mo.			
Commercial					
Converter					
Residential	139	\$6/Mo.			
Non-residential					
	1		l .	1	I

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			
 Pay cable—add'l channel 		Commercial	\$0 - \$50		
Fire protection		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	\$0 - \$50	Burglar protection			
 Additional set(s) 	\$0 - \$50	Other services:			
 FM radio (if separate rate) 		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:

substitute program basis, as explained in the next paragraph.

SYSTEM ID# 3170

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 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
KKTV	11.1	N	Colorado Springs, CO
KKTV-DT2	11.2	N-M	Colorado Springs, CO
KXRM	21.1	l	Colorado Springs, CO
KOAA	5.1	N	Pueblo, CO
KUSA	9.1	N	Denver, CO
KTSC	8.1	E	Pueblo, CO
KRMT	41.1	l	Arvada, CO

ccounting Period:	2021/2			FORM SA1-2E. PAGE 3.					
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	TDS Broadband Servi	ce LLC		3170					
	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 FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
Primary Transmitters: Television	substitute program basis, as	s explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substitution						
	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, WI	RC is channel 4 in Washington, D.C.	station, an independent station, or a no	·					
	(for independent multicast),	"E" (for noncommercial educational), o	for network multicast), "I" (for independ or "E-M" (for noncommercial educationa						
	Column 4: Give the location	,	the community to which the station is li	•					
	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 O								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

3170

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							

Accounting Perio	ccounting Period: 2021/2 FORM SA1-2E. PAGE 5.								
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	TDS Broadband Service	e LLC						3170	
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system call substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for								
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE					
Special	During the accounting periods	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork telev	vision progran	n	
Statement and Program Log	broadcast by a distant stat	tion?		•	·		YES	X NO	
1 Togram Log					(1)				
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist comple	te the progra	m	
	log in block 2. 2. LOG OF SUBSTITUTE	DDOCDA	MC						
	In General: List each subst			te line. Use abbreviations	wherever nos	sible if the	eir meaning is		
	clear. If you need more spa				milorovor pod	ololo, ii tiiv	on mouning is		
		,		sion program ("substitute	,	, ,			
	period, was broadcast by a								
	under certain FCC rules, re Do not use general categori							1.	
	"NBA Basketball: 76ers vs.	Bulls."					,		
			,	"Yes." Otherwise enter "I					
		0		sting the substitute progra e community to which the		nsed by th	e FCC or in		
	the case of Mexican or Can								
			when your syst	em carried the substitute	program. Use	numerals	, with the mor	nth	
	first. Example: for May 7 giv		substitute pro	gram was carried by your	cable system	I ist the ti	mes accurate	lv	
	to the nearest five minutes.							· y	
	stated as "6:00-6:30 p.m."						_		
	to delete under FCC rules a			was substituted for progra					
	was substituted for program	•		0.				aiii	
	effect on October 19, 1976.	,	•			Ü			
					\\\\L	N CLIDET	TITLITE		
	S	UBSTITUT	E PROGRAM			N SUBST AGE OC		7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO		
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Accounting Period:	2021/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SY	STEM ID# 3170
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmic (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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.	ssion service mount, see	5,763.45 ss receipts)
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 \$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	is 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
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	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		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	Multiply line 3 by .01	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	0.00	
	FILING FEE AND TOTAL REMITTANCE DUE		
	TELEVISION TO THE NEWS PRINCE DOL		
Filing Fee and Total Remittance	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 #		
	Important: 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 mo		

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SY TDS Broadband Service LLC	YSTEM:	SYSTEM ID# 3170
M Channels	to its subscribers, and (2) the cable 1. Enter the total number of channe	ast stations	8 8
	on which the cable system carried and nonbroadcast services	d television broadcast stations	284
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED we can contact about this statemen	IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t of account.)	
for Further Information	Name Melinda Riddl	le Teleph	one (802) 485-9752
	Address 525 Junction (Number, street, rural of Madison, WI	route, apartment, or suite number)	
	(City, town, state, zip)		
	Email	T dx (spinial	
0	CERTIFICATION (This statement of a	ccount must be certified and signed in accordance with Copyright Office regulation	is)
O Certification	• I, the undersigned, hereby certify that	(Check one, but only one, of the boxes.)	
	(Owner other than corpora	ation or partnership) I am the owner of the cable system as identified in line 1 of spa	ce B; or
		in corporation or partnership) I am the duly authorized agent of the owner of the calc and that the owner is not a corporation or partnership; or	le system as identified
	X (Officer or partner) I am a in line 1 of space B.	an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as	owner of the cable system
		count and hereby declare under penalty of law that all statements of fact contained here best of my knowledge, information, and belief, and are made in good faith.	ein
		X /s/ Sharon V. Tisdale	
	_	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	

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 3170 TDS Broadband Service LLC 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 sub-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Concerning Gross Receipts Exclusion 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? 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. Interest Assessment davs x 0.00274 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 (interest charge) * 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

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.

ID number

First community served Accounting period