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

STATEME	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	/ Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
·	ns (Short Form) tions are located f this workbook	08/22/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20221	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				

		2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20221 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		TDS Broadband Service LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Baja Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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 sufficiency 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 II
	TDS Broadband Service LLC	2526
D Area Served	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated or discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter knov
	CITY OR TOWN	STATE
First	TABLE MOUNTAIN	СО
Community	ARVADA	
-	JEFFERSON COUNTY	
d Rows as Necessary		

								FOF		
Name	LEGAL NAME OF OWNER OF C								SYST	2526
	TDS Broadband Service	e LLC								2320
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	ATES					
E	In General: The information in s	•		-		•				
Secondary	system, that is, the retransmission about other services (including p									
Transmission	last day of the accounting period				-			ig on the		
Service: Sub-	Number of Subscribers: Both	•				,	le system,	broken		
scribers and	down by categories of secondary	•		•		•				
Rates	each category by counting the ne separately for the particular serv	0		0,0				charged		
	Rate: Give the standard rate c					•	,	e and the		
	unit in which it is generally billed	· · ·	,		ny standai	rd rate variations	within a p	articular rate		
	category, but do not include disc				ios of soo	ondor <i>u</i> tronomicu	ion convio	that cable		
	Block 1: In the left-hand block systems most commonly provide	•		-		•				
	that applies to your system. Not							0,		
	categories, that person or entity					• • •	•			
	subscriber who pays extra for ca					in the count und	der "Servic	e to the		
	first set" and would be counted of Block 2: If your cable system	•			• • •	service that are	different fro	om those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in the	e right-h	and block. A tv	vo- or thre	e-word description	on of the se	ervice is		
	sufficient.	OCK 1			1		BL OCK	۲ <u>۵</u>		
		NO. OF				BLOCK 2				
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBE	ERS	RATE
	Residential:									
	Service to first set		901	25.00						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel			17.97/mo.						
	Commercial									
	Converter Residential		1,042	¢6/Mo						
	Non-residential		1,042	\$6/Mo.						
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s					
F	In General: Space F calls for rate					l your cable syst	em's servi	ces that were		
Г	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		0 ()			
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the							-		
ransmissions:	Block 1: Give the standard rat							vere not		
						accounting p				
Rates	Block 2: List any services that listed in block 1 and for which a	• •	e was n		-	these other serv	ices in the	iuiiii ui a		
	listed in block 1 and for which a string fitter block 1 and for which a string fitter brief (two- or three-word) description of the string fitter block 1 and for which a string block 1 and	separate charg		nade or establi	-	these other serv	ices in the	IOTTI OF A		
	listed in block 1 and for which a	separate charg	e the ra	nade or establi	-	these other serv		BLOCK	2	
	listed in block 1 and for which a	separate charg ption and includ BLO(e the ra CK 1	nade or establi	shed. List	these other serv				RATE
	listed in block 1 and for which a brief (two- or three-word) descrip	separate charg ption and includ BLO(e the ra CK 1 CATEC	nade or establi te for each.	shed. List			BLOCK		RATE
	listed in block 1 and for which a brief (two- or three-word) descrip	separate charg ption and includ BLO(e the ra CK 1 CATEC Installa	nade or establi ite for each. GORY OF SER	shed. List			BLOCK		RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate chargotion and includ BLOC	e the ra CK 1 CATEC Installa • Mo	nade or establi ite for each. GORY OF SER ation: Non-res	shed. List			BLOCK		RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate chargotion and includ BLOC	e the ra CK 1 CATEC Installa • Mo • Cor • Pay	nade or establi ite for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable	vice vice	RATE		BLOCK		RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	separate chargotion and includ BLOC	e the ra CK 1 CATEC Installa • Mo • Cor • Pay • Pay	ade or establi ite for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch	vice vice	RATE		BLOCK		RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	separate charg bition and includ BLO0 RATE 8.00-15.00	e the ra CK 1 CATEC Installa • Mo • Cou • Pay • Pay • Fire	ade or establi ite for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection	vice vice	RATE		BLOCK		RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	separate charg otion and includ BLO(RATE 8.00-15.00 \$0 - \$50	e the ra CK 1 CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur	ade or establi te for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l ch protection glar protection	vice vice	RATE		BLOCK		RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charg otion and includ BLO(RATE 8.00-15.00 \$0 - \$50	e the ra CK 1 CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur • Bur	ade or establi te for each. BORY OF SER ation: Non-res tel, hotel mmercial / cable / cable / cable-add'l ch protection glar protection services:	vice vice	RATE \$0 - \$50		BLOCK		RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg otion and includ BLO(RATE 8.00-15.00 \$0 - \$50	e the ra CK 1 CATEC Installa • Mo • Con • Pay • Pay • Fire • Bur • Bur • Red	ade or establi te for each. BORY OF SER ation: Non-res tel, hotel mmercial (cable (cable (cable-add'l ch e protection glar protection services: connect	vice vice	RATE		BLOCK		RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charg otion and includ BLO(RATE 8.00-15.00 \$0 - \$50	e the ra CK 1 CATEC Installa • Mo • Cou • Pay • Pay • Fire • Bur Other s • Rec • Dis	ade or establi te for each. BORY OF SER ation: Non-res tel, hotel mmercial / cable / cable / cable-add'l ch protection glar protection services:	vice vice	RATE \$0 - \$50		BLOCK		RATE

G Primary Transmitters: Television	In General: In space G, ide	rice LLC		SYSTEM 252					
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide	-							
G Primary Transmitters: Television		PRIMARY TRANSMITTERS: TELEVISION							
	FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program both on a substitute basis and all see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep vision station for broadcasting over tation, an independent station, or or network multicast), "I" (for independent "E-M" (for noncommercial educa- tions in the paper SA1-2 form, the community to which the station	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
ľ	КМGН	7.1	N	Denver, CO					
	KMGH-DT2	7.2	N-M	Denver, CO					
d Rows as Necessary	KMGH-DT3	7.3	N-M	Denver, CO					
ļ	KCNC	4.1	N	Denver, CO					
ļ	KCNC-DT2	4.2	N-M	Denver, CO					
ļ	KCNC-DT3	4.3	N-M	Denver, CO					
ļ	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					
	KUSA-DT6	9.6	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					
ļ	KRMA	6.1	E	Denver, CO					
	КРХС	59.1	l	Aurora, CO					
	KDEN	25.1	l	Centennial, CO					
ľ	KDEN-DT2	25.2	I-M	Centennial, CO					
	KCEC	50.1	I	Denver, CO					
	KCEC-DT2	50.2	I-M	Denver, CO					
	KWGN	2.1	I	Denver, CO					
ļ	KWGN-DT2	2.2	I-M	Denver, CO					
ļ	KWGN-DT3	2.3	I-M	Denver, CO					

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM					
Name	TDS Broadband Serv	/ice LLC		25					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable syste	lentify every television station (including to em during the accounting period, <i>except</i>	(1) stations carried only on a par	t-time basis under					
Primary ransmitters:	76.59(d)(2) and (4), 76.61(in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph.							
Television	Substitute Basis Stations	s: With respect to any distant stations car	rried by your cable system on a s	substitute program					
		rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis.	e Special Statement and Prograr	n Log)—if the					
	 List the station here, and 	also in space I, if the station was carried							
	basis. For further informati	basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each							
		ed with a station according to its over-the-							
	"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 t	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.								
			,	5					
			,	5					
			,	5					
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	e community with which the station	on is identified.					
	FCC. For Mexican or Cana	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	e community with which the station	on is identified. 4. LOCATION OF STATION					
	FCC. For Mexican or Cana 1. CALL SIGN KTVD-DT2	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 20.2	e community with which the station 3. TYPE OF STATION I-M	on is identified. 4. LOCATION OF STATION Denver, CO					
	FCC. For Mexican or Cana 1. CALL SIGN KTVD-DT2 KTFD	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 20.2 14.1	e community with which the station 3. TYPE OF STATION I-M I	on is identified. 4. LOCATION OF STATION Denver, CO Denver, CO					
	FCC. For Mexican or Cana 1. CALL SIGN KTVD-DT2 KTFD KTFD-DT2	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 20.2 14.1 14.2	e community with which the station 3. TYPE OF STATION I-M I I-M	on is identified. 4. LOCATION OF STATION Denver, CO Denver, CO Denver, CO					
	FCC. For Mexican or Cana 1. CALL SIGN KTVD-DT2 KTFD KTFD-DT2 KRMT	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 20.2 14.1 14.2 41.1	e community with which the station 3. TYPE OF STATION I-M I I-M I	on is identified. 4. LOCATION OF STATION Denver, CO Denver, CO Denver, CO Arvada, CO					
	FCC. For Mexican or Cana 1. CALL SIGN KTVD-DT2 KTFD KTFD-DT2 KRMT KPJR	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER 20.2 14.1 14.2 41.1 38.1	e community with which the station 3. TYPE OF STATION I-M I I-M I I I I	on is identified. 4. LOCATION OF STATION Denver, CO Denver, CO Denver, CO Arvada, CO Westminster, CO					

Accounting Per	riod: 2022/	/1					FOR	M SA1-2E. PAGE 4.
LEGAL NAME OF C	OWNER OF C	CABLE S	YSTEM:					SYSTEM ID#
TDS Broadbar	nd Servic	e LLC						25263
PRIMARY TRANS	SMITTERS:	RADIO						
In General: List e	very radio s	tation ca	arried on a separate and discr	ete basis and list	t those FM sta	tions ca	rried on an	H
all-band basis who	ose signals v	were ge	nerally receivable by your cab	ole system during	the accountir	ng perio	d.	
receivable if (1) it on the basis of mo For detailed inform paper SA1-2 form	is carried by onitoring, to nation about	/ the sys be recei t the Co	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried.	it the system's he system's FM ante	eadend, and (2 enna, during c	2) it can certain s	be expected, tated intervals.	Primary Transmitters: Radio
Column 2: Stat	-	•						
Column 3: If th	e radio stati	ion's sigi	nal was electronically process	ed by the cable	system as a s	eparate	and discrete	
signal, indicate thi	is by placing	a checl	k mark in the "S/D" column.					
Column 4: Give	e the station	n's locati	on (the community to which th	ne station is licen	sed by the FC	C or, in	the case of	
Mexican or Canac	dian stations	s, if any,	the community with which the	e station is identif	ied).			
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	od: 2022/1						FURI	/I SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O		STEM:					SYSTEM ID
Name	TDS Broadband Serv	ice LLC						2526
	SUBSTITUTE CARRIAG	BE: SPECI	AL STATEME	ENT AND PROGRAM LC	G			
I Substitute	In General: In space I, ider substitute basis during the explanation of the program	accounting p	period, under sp		CC rules, reg	ulations, c	or authorization	ns. For a further
Substitute Carriage:	1. SPECIAL STATEMEN				general in		in the paper e	
Special		-		m carry, on a substitute ba	sis, anv noni	network te	elevision prog	ram
Statement and	broadcast by a distant st				,,			XNO
Program Log	Note: If your answer is "N		a rest of this pr	age blank. If your answer i	с "Vec " уоц и	must com	YES	
	log in block 2.			age blank. If your answer h	s 163, you i	nust com	piete trie prog	jran
	2. LOG OF SUBSTITUT	E PROGR	AMS					
				rate line. Use abbreviation	s wherever p	ossible, if	their meaning	g is
	clear. If you need more sp			ll rows to the tables. evision program ("substitute	orogram") t	hat durin	n the account	ina
	period, was broadcast by	a distant sta	ition and that y	our cable system substitut	ed for the pro	ogrammin	g of another s	station
	under certain FCC rules, r							
	Do not use general catego "NBA Basketball: 76ers vs		ovies" or "bask	ketball." List specific progra	am titles, for e	example,	T Love Lucy	or
	Column 2: If the progra	am was broa		ter "Yes." Otherwise enter				
				casting the substitute prog the community to which th		oppod by	the ECC or	in
	the case of Mexican or Ca							
	Column 5: Give the mo	onth and day		stem carried the substitute			als, with the n	nonth
	first. Example: for May 7 g		o oubotituto pr	rogram was carried by you	r achla avata	m lictth/	timos coour	atolu
	to the nearest five minutes							atery
	stated as "6:00-6:30 p.m."				•	•		
				m was substituted for prog				
	to delete under FCC rules was substituted for progra							ogram
	effect on October 19, 1970	•	, ,			5		
			E PROGRAM				7. REASON FO DELETION	
	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
							_	
							_	
							_	
					·			
					·			
					·			
					·			
					· · · · · · · · · · · · · · · · · · ·			
					·			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC				3	YSTEM II 252
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this s all amounts (gross receipts) paid to your of (as identified in space E) during the accou- page (vii) of the general instructions locate Gross receipts from subscribers for si- during the accounting period IMPORTANT: You must complete a state	able system by subscribers for inting period. For a further exp ed in the paper SA1-2 form econdary transmission servic	or the system' planation of ho e(s)	s secondary tra ow to compute t	nsmission servic his amount, se \$ 21	¢ 6,441.34
	·	ment in space i concerning g	iloss leceipts.		(Amount of gr	oss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee yo Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipt Use block 2 if the amount of gross receipt Use block 3 if the amount of gross receipt See page (vi) of the general instructions locate	s in space K is \$137,100 or le s in space K is more than \$13 s in space K is more than \$26	87,100 but les: 63,800 but les:	s than \$527,600		
	BLOC	K 1: GROSS RECEIPTS OF	\$137,100 OI	R LESS		
	Instructions: As a cable system with gross re accounting period is \$52.00	eceipts of \$137,100 or less, the	royalty fee tha	t you must pay fo	or this six-month	
	Line 1. Royalty fee for accounting period					
	Line 2. Interest charge. Enter the amount fro	om line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE F		Add lines 1 an	d 2		
		RECEIPTS OF \$263,800 O				
	1. Base amount under statutory formula					
	2. Enter amount of gross receipts from space	e K	\$	•		
	3. Subtract line 2 from line 1		\$	47,358.6		
	4. Enter the amount of gross receipts from s	расе К				
	5. Enter the amount from line 3					
	6. Subtract line 5 from line 4					
	7. Multiply line 6 by .005 (enter figure here) .					845.41
	8. Interest charge. Enter the amount from lir					0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR A	ACCOUNTING PERIOD. Add	lines 7 and 8 .		\$	845.41
	BLOCK 3: GROSS F	RECEIPTS OF MORE THAN	\$263,800 (b	ut less than \$5	27,600)	
			<u> </u>			
	1. Enter the amount of gross receipts from sp				_	
	2. Base amount under statutory formula				0	
	3. Subtract line 2 from line 1				_	
	4. Multiply line 3 by .01					
	5. Royalty due on the first \$263,800 of gross					
	6. Interest charge. Enter the amount from lir	ne 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR	ACCOUNTING PERIOD. Add	lines 4, 5, and	6	·· <u> </u>	
	FILING FEI	E AND TOTAL REMITTANC	EDUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Perio	d (from Block 1, 2, or 3, above)		\$	845.41	
Due	2. Filing Fee (See the instructions for more in	nformation on filing fee calculat	ions)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTI	NG PERIOD. Add lines 2 and	3		\$	865.41
	EFT Trace #	or TRANSACTION ID #				
	Important: Your remittance mus					

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 25263
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 and nonbroadcast services	39 174
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 Zaneta Lewis Telephone (608) 664-8517
	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number) Madison, WI 53717 (City, town, state, zip)	
	Email <u>finance@tdstelecom.com</u> Fax (optional)	
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 B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own 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)] 	ystem as identified
	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: August 22, 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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
S Broadband Service LLC	25263
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
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	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	Interest Assessment
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x Line 2 Multiply line 1 by the interest rate* and enter the sum here x x days	Interest Assessment
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x days Line 3 Multiply line 2 by the number of days late and enter the sum here -	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x - x - x - 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - 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 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)	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x - x - x - 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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here - k -	Interest Assessment

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 the 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.