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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	FOR COPYRIGHT OFFICE USE ONLY				
for Second	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.go			
Cable Syst	ems (Short Form)	08/22/22	\$	For additional information			
General instr	uctions are located	00,,		contact the U.S. Copyright Office Licensing Division a			
n the first tab	o of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150			
	1						
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYY/(Period))				
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
	20	Barcode Data Filing Period (optiona	al - see instructions)				
Accounting Period							
	Instructions:						
В	Give the full legal name of the owner of the subsidiary, not that of the pare	-	sidiary of another corporation, give the full co	orporate title			
Owner	List any other name or names under w	which the owner conducts the business of	the cable system.				
	-	the accounting period, only the owner on ty fee payment covering the entire account	the last day of the accounting period should	submit a			
		filing. If not, enter the system's ID number		26687			
		ning. I not, enter the system s ib humber	assured by the Electioning Division.				
	LEGAL NAME OF OWNER/MAI	LING ADDRESS OF CABLE SYSTEM					
	TDS Broadband Service LLC						
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERENT	Г)				
	Baja Broadband						
	MAILING ADDRESS OF OWNER	OF CABLE SYSTEM					

Madison, WI 53717-2152

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.

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.

(Number, street, rural route, apartment, or suite number)

525 Junction Rd.

(City, town, state, zip code)

Number, street, rural route, apartment, or suite number)

**IDENTIFICATION OF CABLE SYSTEM:** 

MAILING ADDRESS OF CABLE SYSTEM:

С

System

1

2

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Humo	TDS Broadband Service LLC	266
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated com discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile houidentified city.	me parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Alamagordo	NM
Community	Holloman Air Force Base	NM
	Otero County	NM
d Rows as Necessary	Tularosa	NM
	La Luz	NM

									A1-2E. PAGE STEM ID	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	TDS Broadband Service LLC									
_	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	In General: The information in s	pace E should	cover a	Il categories of	secondar	•				
0	system, that is, the retransmission									
Secondary Transmission	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).									
Service: Sub-	Number of Subscribers: Both	•				,	le system,	broken		
scribers and	down by categories of secondary	•								
Rates	each category by counting the n	•		0,0				charged		
	separately for the particular serv Rate: Give the standard rate c					•	,	and the		
	unit in which it is generally billed	-	-	•			-			
	category, but do not include disc	•								
	Block 1: In the left-hand block	•		-		•				
	systems most commonly provide							0,		
	that applies to your system. <b>Not</b> categories, that person or entity			-		-				
	subscriber who pays extra for ca						•			
	first set" and would be counted o									
	Block 2: If your cable system	-		-						
	printed in block 1 (for example, t with the number of subscribers a						,.			
	sufficient.	ind rates, in the	ingni-i	IATIO DIOCK. A IM		e-word description		ervice is		
		OCK 1			BLOCK 2					
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Residential:		4 740							
	Service to first set		1,712	25.00						
	Service to additional set(s)									
	• FM radio (if separate rate) Motel, hotel		141	17.97/mo.						
	Commercial		141	17.97/mo.						
	Converter									
	Residential		1,627	\$6/Mo.						
	Non-residential		1,027	φ0/WO.						
	• NON-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	5					
-	In General: Space F calls for rat					l your cable syst	em's servi	ces that were		
F	not covered in space E, that is, t									
Comilana	service for a single fee. There ar furnished at cost or (2) services				0		0 ( )			
Services Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the			2		aigea en a raila	ale bei bie	gram zacio,		
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable service									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting pe									
	listed in block 1 and for which a separate charge was made or established. List these other serve brief (two- or three-word) description and include the rate for each.							Ionn of a		
	CATEGORY OF SERVICE	BLO0 RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2	E RATE	
	Continuing Services:	TUTE		ation: Non-res		TUTE	0,1120			
	• Pay cable	8.00-15.00	• Mc	tel, hotel						
	• Pay cable—add'l channel			mmercial		\$0 - \$50				
	Fire protection			y cable						
	•Burglar protection			, y cable-add'l ch	nannel					
	Installation: Residential			e protection						
	• First set	\$0 - \$50		rglar protection						
	<ul> <li>Additional set(s)</li> </ul>			services:						
	• FM radio (if separate rate)			connect		0-25				
	• Converter		• Dis	sconnect						
	• Converter			connect tlet relocation		19.98-39.96				

Name G	TDS Broadband Serv			26					
G				20					
G	PRIMARY TRANSMITTERS:	. TELEVISION							
<b>N T</b>	In General: In space G, identify every television station (including translator stations and low power television stations)								
Ŭ		carried by your cable system during the accounting period, <i>except</i> (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 ransmitters:	76.59(d)(2) and (4), 76.61	1(e)(2) and (4), or 76.63 (referring to 76.61(		s .					
ransmitters: Television	Substitute Basis Station	, as explained in the next paragraph. <b>ns:</b> With respect to any distant stations carr	rried by your cable system on a $\mathfrak{s}$	substitute program					
	basis under specific FCC	rules, regulations, or authorizations: ere in space G—but do list it in space I (the							
	station was carried only o	on a substitute basis.							
		d also in space I, if the station was carried I ation concerning substitute basis stations, so							
	Column 1: List each static	tion's call sign. <i>Do not</i> report origination pro	rogram services such as HBO, ES	SPN, etc. Identify each					
	"WETA-2" as the same on								
		nnel number the FCC assigned to the televi WRC is channel 4 in Washington, D.C.	ision station for broadcasting ove	ər the air in its community					
	Column 3: Indicate in eac	ch case whether the station is a network st	· · · ·						
		ntering the letter "N" (for network), "N-M" (fo st), "E" (for noncommercial educational), or		. ,.					
	For the meaning of these t	e terms, see page (iv) of the general instruct tion of each station. For U.S. stations, list th	ctions in the paper SA1-2 form.	,					
		tion of each station. For U.S. stations, list th nadian stations, if any, give the name of the	,	5					
			-						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	КОАТ	7.1	N	Albuquerque, NM					
	KOAT-DT2	7.2	N-M	Albuquerque, NM					
Rows as Necessary	KOAT-DT3	7.3	N-M	Albuquerque, NM					
	KBIM	10.1	N	Roswell, NM					
	KBIM-DT2	10.2	N-M	Roswell, NM					
	KOBR	8.1	N	Roswell, NM					
	KOBR-DT2	8.2	N-M	Roswell, NM					
	KOBR-DT3	8.3	N-M	Roswell, NM					
	KUBK-DIS	7.1	N	El Paso, TX					
	KUPT	29.1	I.	Hobbs, NM					
		39.1		Albuquerque, NM					
	KRTN-DT6	39.6	I-M	Albuquerque, NM					
	KLUZ	14.1	-	Albuquerque, NM					
	KASA	2.1	I	Santa Fe, NM					
	KRWG	22.1	E	Las Cruces, NM					
	KRPV-DT	27.1	l	Roswell, NM					
	KCHF	11.1	<b>I</b>	Albuquerque, NM					
	KASY	50.1	l	Albuquerque, NM					
	KWBQ	19.1	<u> </u>	Santa Fe, NM					

ounting Period	: 2022/1			FORM SA1-2E. PA			
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
Name	TDS Broadband Service LLC						
	PRIMARY TRANSMITTERS:	TELEVISION					
~	In General: In space G, ide	entify every television station (including	g translator stations and low power tele	evision stations)			
G	carried by your cable syste	m during the accounting period, <i>excep</i>	ot (1) stations carried only on a part-tin	ne basis under			
	Ũ		the carriage of certain network program	•			
Primary			61(e)(2) and (4))]; and (2) certain station	ons carried on a			
Transmitters:		s explained in the next paragraph.		. #14 K			
Television		. ,	carried by your cable system on a subs	stitute program			
		iles, regulations, or authorizations:	the Special Statement and Program Lo	and if the			
	station was carried only on		the Special Statement and Program Lo	Jg)—II the			
			ed both on a substitute basis and also	an como othor			
		•	s, see page ( $v$ ) of the general instructio				
		0	program services such as HBO, ESPN				
			ne-air designation. For example, report				
	"WETA-2" as the same on t	0					
	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.						
	<b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial						
	educational station, by ente	ring the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepen	ndent), "I-M"			
			or "E-M" (for noncommercial education				
		erms, see page (iv) of the general inst					
	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 Cana	dian stations, if any, give the name of	the community with which the station is	s identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

Accounting Pe	eriod: 2022	/1					FORI	M SA1-2E. PAGE 4.
LEGAL NAME OF	OWNER OF (	CABLE S	YSTEM:					SYSTEM ID#
TDS Broadba	and Servic	e LLC						26687
	SMITTERS:	RADIO						
In General: List	every radio s	station ca	arried on a separate and discr	ete basis and list	those FM sta	tions ca	rried on an	H
all-band basis wh	hose signals	were ge	nerally receivable by your cab	ole system during	the accountir	ng period	1.	
receivable if (1) if on the basis of m For detailed infor paper SA1-2 form	t is carried by nonitoring, to rmation abou n.	y the sys be recei it the Cc	I-Band FM Carriage: Under ( atem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried.	it the system's he system's FM ante	eadend, and (2 enna, during c	2) it can certain st	be expected, ated intervals.	Primary Transmitters: Radio
	-	•	on is AM or FM.					
Column 3: If t	he radio stat	ion's sig	nal was electronically process	ed by the cable	system as a s	eparate	and discrete	
signal, indicate th	his by placing	g a checl	k mark in the "S/D" column.					
Column 4: Giv	ve the statior	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 Cana	adian 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	
N/A								

Accounting Perio	od: 2022/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	TDS Broadband Servio	ce LLC						26687
I	SUBSTITUTE CARRIAG	ify every nor	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast by pecific present and former F	∉ a <i>distant</i> sta CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general ins	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any nonr	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	×NO
r rogram Log	NI - ( 15				"X "			
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you r	nust compl	ete the proc	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	ace, please of every no distant stat egulations, o ries like "mo Bulls."	add additional onnetwork tele tion and that y or authorization ovies" or "bask	rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the ge etball." List specific progra	e program") the ted for the pro neral instruct am titles, for e	hat, during ogramming ions for fur	the account of another ther informa	ing station tion.
	Column 3: Give the call	sign of the	station broadd	er "Yes." Otherwise enter asting the substitute prog the community to which th	ram.	censed by t	the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. Us	se numeral	s, with the r	nonth
			e substitute pr	ogram was carried by you	r cable svstei	m. List the	times accur	atelv
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976	• •	your system w			, and regul		
		•						
			E PROGRAM	I		N SUBSTI AGE OCC		7. REASON FOR
		UBSTITUT	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC 6. T		7. REASON FOR DELETION
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		
	SI	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T		

Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:				:	SYSTEM II			
Name	TDS Broadband Service LLC					2668			
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space all amounts (gross receipts) paid to your cabi (as identified in space E) during the accountin page (vii) of the general instructions located in Gross receipts from subscribers for second during the accounting period	le system by subscribers for ng period. For a further expl in the paper SA1-2 form ondary transmission service(	the system's anation of ho (s)	s secondary trans ow to compute this	mission servi s amount, se \$ 52				
_	COPYRIGHT ROYALTY FEE								
Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you o</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in</li> <li>Use block 2 if the amount of gross receipts in</li> <li>Use block 3 if the amount of gross receipts in</li> <li>See page (vi) of the general instructions located in</li> </ul>	n space K is \$137,100 or les n space K is more than \$137 n space K is more than \$263	,100 but less ,800 but less	s than \$527,60(	\$263,80(				
	BLOCK 1	I: GROSS RECEIPTS OF \$	\$137,100 OF	RLESS					
	Instructions: As a cable system with gross recei accounting period is \$52.00	pts of \$137,100 or less, the ro	oyalty fee that	you must pay for t	his six-month				
	Line 1. Royalty fee for accounting period								
	Line 2. Interest charge. Enter the amount from	line 4, space Q, page 8				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR								
		ECEIPTS OF \$263,800 OR	,		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	4, space Q, page 8				0.00			
	9. TOTAL ROYALTY FEE PAYABLE FOR AC	COUNTING PERIOD. Add lin	nes 7 and 8 .						
	BLOCK 3: GROSS REC	CEIPTS OF MORE THAN \$	\$263,800 (bi	ut less than \$527	600)				
	1. Enter the amount of gross receipts from space	е К	\$	525,385.89					
	2. Base amount under statutory formula			263,800.00					
	3. Subtract line 2 from line 1		\$	261,585.89					
	4. Multiply line 3 by .01			\$	2,615.86				
	5. Royalty due on the first \$263,800 of gross red	ceipts (under statutory formula	a)	\$	1,319.00				
	6. Interest charge. Enter the amount from line 4	4, space Q, page 8			0.00				
	7. TOTAL ROYALTY FEE PAYABLE FOR AC					3,934.86			
	FILING FEE A	ND TOTAL REMITTANCE	DUE						
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (f	from Block 1, 2, or 3, above) .		\$	3,934.86				
Due	2. Filing Fee (See the instructions for more infor	mation on filing fee calculation	ns)	\$	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING	PERIOD. Add lines 2 and 3			\$	3,954.86			
	EFT Trace # or	TRANSACTION ID #			ľ				
		TRANSACTION ID #			-				

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 26687
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	19 154
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Name       Zaneta Lewis       Telephone (	608) 664-8517
Information	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number) Madison, WI 53717 (City, town, state, zip) Email finance@tdstelecom.com Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(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.</li> <li>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)]</li> </ul>	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.

ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
S Broadband Service LLC	2668
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: <ul> <li>"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.</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Mailing Address	
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 Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274 <sup>**</sup> and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* 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	
ID number First community served Accounting period	

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