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						
08/22/22	\$						
	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

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))  Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
l
20221 Barcode Data Filing Period (optional - see instructions)
Accounting
Period
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.
3242
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)
INCIDIO INC. In the 4 six and business should appear and to identify the business and appetits of the outer when the
C 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   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.

ccounting Period:	2022/1	FORM SA1-2E. PAGE 1b						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:						
Name	TDS Broadband Service LLC	3242						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile home parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First	Alpine	TX						
Community								
dd Rows as Necessary								

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

\_\_\_\_\_\_

**TDS Broadband Service LLC** 

3242

# 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		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	203	25.00			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel	38	17.97/mo.			
Commercial					
Converter					
Residential	124	\$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			
•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: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3242

### TDS Broadband Service LLC

G

### Primary Transmitters: Television

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
KMID	2.1	N	Midland, TX
KOSA	7.1	N	Odessa, TX
KOSA-DT2	7.2	N-M	Odessa, TX
KOSA-DT3	7.3	N-M	Odessa, TX
KOSA-DT4	7.4	N-M	Odessa, TX
KPEJ	24.1	N	Odessa, TX
KPEJ-DT2	24.2	N-M	Odessa, TX
KPEJ-DT3	24.3	N-M	Odessa, TX
KWES	9.1	N	Odessa, TX
KUPB	18.1	<u>l</u>	Midland, TX
KUPB-DT2	18.2	I-M	Midland, TX
KENW	3.1	E	Portales, NM

Accounting Period:	2022/1			FORM SA1-2E. PAGE 3.			
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
Name	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.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

Accounting Period: 2022/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

**TDS Broadband Service LLC** 

3242

# 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.

H

**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 Do	.d. 2022/1							M CA4 OF 5405 -		
Accounting Perio	od: 2022/1   LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FOR	M SA1-2E. PAGE 5 SYSTEM ID#		
Name	TDS Broadband Servi							3242		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G					
1	substitute basis during the	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Substitute Carriage:				<u> </u>	ie general ins	structions ii	Title paper c	A 1-2 IOIIII.		
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant station?									
riogiani Log	<b>Note:</b> If your answer is "No		root of this no	ago blank. If your anower is	"Voo" vou r	L must samn		X NO		
	log in block 2.	, leave lile	rest of this pa	age blatik. It your allswel is	ies, your	nust comp	ilete tile bro	giaiii		
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subs	stitute progra	am on a separ		wherever po	ossible, if t	heir meanin	g is		
	clear. If you need more spa			I rows to the tables. vision program ("substitute	nrogram") th	nat during	the accoun	tina		
	period, was broadcast by a									
	under certain FCC rules, re Do not use general catego									
	"NBA Basketball: 76ers vs		ovies of bask	ketbali. List specific progra	iii uues, ioi e	xample,	Love Lucy	OI .		
				er "Yes." Otherwise enter "						
		0		casting the substitute progr the community to which the		censed by	the FCC or.	in		
	the case of Mexican or Ca	nadian stati	ons, if any, the	e community with which the	station is id	entified).				
	<b>Column 5:</b> Give the mo first. Example: for May 7 g	•	when your sy	stem carried the substitute	program. Us	se numera	ls, with the r	nonth		
	. , , ,		e substitute pr	ogram was carried by your	cable syster	m. List the	times accur	ately		
	to the nearest five minutes stated as "6:00–6:30 p.m."		a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.n	n. should be			
			listed prograr	n was substituted for progr	amming that	your syste	em was <i>requ</i>	iired		
	to delete under FCC rules	•		0.				ogram		
	was substituted for program effect on October 19, 1976	•	your system w	as permitted to delete und	er FCC rules	and regul	ations in			
				T	1			T		
		LIBSTITLIT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO			7. REASON FOR		
		2. LIVE?	3. STATION'S	1	5. MONTH 6. TIMES		DELETION			
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO			
							_			
							_			
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		<del> </del>						"		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  TDS Broadband Service LLC	SYST
	GROSS RECEIPTS	
<b>K</b> Gross Receipts	Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission se (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (vii) of the general instructions located in the paper SA1-2 form	rvice
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period	76,90
		of gross re
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 \$263,800 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.	
	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 this six-mor accounting period is \$52.00	th
	Line 1. Royalty fee for accounting period	5
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	5
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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	
	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)	
	Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	_
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	0_
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0_
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	0_
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	0
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	6
	EFT Trace # or TRANSACTION ID #	
	1	

Accounting Period:	2022/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC		SYSTEM ID# 3242
M Channels	to its subscribers, and (2) the cable system's  1. Enter the total number of channels on which		12
	Enter the total number of activated channe on which the cable system carried television		147
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTI we can contact about this statement of account	HER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name Zaneta Lewis	Telephone (608	) 664-8517
	Address 525 Junction Rd (Number, street, rural route, apar Madison, WI 53717 (City, town, state, zip)	tment, or suite number)	
	Email finance@tdstelec	om.com Fax (optional)	
O Certification	I, the undersigned, hereby certify that (Check  (Owner other than corporation or  (Agent of owner other than corporation in line 1 of space B and that the  X (Officer or partner) I am an officer in line 1 of space B.  I have examined the statement of account and	nust be certified and signed in accordance with Copyright Office regulations) one, but only one, of the boxes.)  partnership) I am the owner of the cable system as identified in line 1 of space B; or ration or partnership) I am the duly authorized agent of the owner of the cable system owner is not a corporation or partnership; or  (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the hereby declare under penalty of law that all statements of fact contained herein by knowledge, information, and belief, and are made in good faith.	
	Typed or printe  Title:	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)  d name: Sharon V. Tisdale  Assistant Treasurer  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.

counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
S Broadband Service LLC	3242
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	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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	-
xda	iys
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	
* 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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