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

by email to:

Return completed workbook

STATEME	ENT OF ACCOUNT	FOR COPYRIG	by email to:			
	ry Transmissions by	DATE RECEIVED	AMOUNT	conficces@convright.gov		
Cable Syste	ms (Short Form)	08/22/22	\$	For additional information, contact the U.S. Copyright		
General instru	ctions are located			Office Licensing Division at:		
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150		
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))			
	2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	2022:	Barcode Data Filing Period (optiona	I - see instructions)			
Accounting Period						
	Instructions:					
В	Give the full legal name of the owner of t of the subsidiary, not that of the parent o		idiary of another corporation, give the full co	rporate title		
Owner	List any other name or names under which	ch the owner conducts the business of t	the cable system.			
	If there were different owners during the	accounting period, only the owner on	the last day of the accounting period should s	ubmit a		
	single statement of account and royalty f	ee payment covering the entire accoun	ting period.			
	Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.	3651		
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM				
	TDS Broadband Service LLC					
	BUSINESS NAME(S) OF OWNER O	F 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)					
<b>^</b>	INSTRUCTIONS: In line 1, give any busi	ness or trade names used to ide	ntify the business and operation of the	e system unless these		
С	names already appear in space B. In line	2, give the mailing address of th	e system, if different from the address	s given in space B.		
System	1					
	MAILING ADDRESS OF CABLE SYSTEM	И:				
	2 (Number, street, rural route, apartment, or suite	number)				
	(City, town, state, zip code)					

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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 I
	TDS Broadband Service LLC	36
	Instructions: List each separate community served by the cable system. A "communit	
D	"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	t will serve as a form of system identification hereafter kno
	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 ho	me narks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	MADRAS	OR
Community	METOLIUS	OR
	CULVER	OR
d Rows as Necessary	CROOKED RIVER RANCH	OR

									SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF C							5	YSTEM II 365
	TDS Broadband Service	e LLC							000
-	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRI	BERS AND RA	TES				
E	In General: The information in s			-					
Secondary	system, that is, the retransmission about other services (including p								
Fransmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both	h blocks in space	e E call	for the numbe	r of subsci	ribers to the cab			
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular serv	0		0,0				charged	
	<b>Rate:</b> Give the standard rate c					•	,	e and the	
	unit in which it is generally billed	. (Example: "\$20	)/mth").	Summarize a	iy standar	d rate variations	within a p	articular rate	
	category, but do not include disc				,				
	Block 1: In the left-hand block systems most commonly provide	•		-		•			
	that applies to your system. Not							• •	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count und	ler "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system	•			• • •	convice that are	difforont fr	om thoso	
	printed in block 1 (for example, the	-		•					
	with the number of subscribers a								
	sufficient.		-						
	BLO	OCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBER	S RATE
	Residential:	CODOCIVIDE	.110		UAIL			SOBSCIUDEN	
	Service to first set		975	25.00					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel		76	18.63/mo.					
	Commercial								
	Converter								
	Residential		973	\$6/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC	0110/01110/0							
F	In General: Space F calls for rat								
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services	•			0		υ.,		
Other Than	amount of the charge and the un		sually	billed. If any ra	es are cha	arged on a varia	ble per-pr	ogram basis,	
Secondarv	enter only the letters "PP" in the Block 1: Give the standard rat		o coblo	system for on	ab of the a	nnlicable convic	oc lictod		
								were not	
ransmissions:		vour capie syst		hished or offere		he accounting p			
	Block 2: List any services that listed in block 1 and for which a	• •			d during t	• ·		ionni or a	
ransmissions:	Block 2: List any services that	separate charge	was m	nade or establis	d during t	• ·			
ransmissions:	Block 2: List any services that listed in block 1 and for which a s	separate charge	e was m e the ra	nade or establis	d during t	• ·		BLOCK 2	
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charge otion and include BLOC	e was m e the ra CK 1	nade or establis	d during t hed. List t	• ·			
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charge otion and include BLOC RATE	e was m e the ra CK 1 CATEG	nade or establis te for each.	d during t hed. List t /ICE	these other serv		BLOCK 2	
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charge otion and include BLOC RATE	e was m e the ra CK 1 CATEG Installa • Mot	ade or establis te for each. GORY OF SER attion: Non-res tel, hotel	d during t hed. List t /ICE	these other serv		BLOCK 2	
ransmissions:	Block 2: List any services that 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	separate charge tion and include BLOC RATE	e was m e the ra CK 1 CATEG Installa • Mot • Cor	ade or establis te for each. GORY OF SER ation: Non-res rel, hotel nmercial	d during t hed. List t /ICE	these other serv		BLOCK 2	
ransmissions:	Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	separate charge tion and include BLOC RATE	e was m e the ra CATEG Installa • Mot • Cor • Pay	ade or establis te for each. GORY OF SER ation: Non-res tel, hotel nmercial r cable	d during ti hed. List t /ICE dential	RATE		BLOCK 2	
ransmissions:	Block 2: List any services that 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 charge tion and include BLOC RATE	e was m e the ra CK 1 CATEC Installa • Mot • Cor • Pay • Pay	ade or establis te for each. GORY OF SER' ation: Non-res tel, hotel nmercial r cable r cable-add'l ch	d during ti hed. List t /ICE dential	RATE		BLOCK 2	
ransmissions:	Block 2: List any services that 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'l channel • Fire protection •Burglar protection Installation: Residential	BLOC RATE	e was m e the ra CATEG Installa • Mot • Cor • Pay • Pay • Fire	ade or establis te for each. GORY OF SER' ation: Non-res tel, hotel nmercial r cable r cable-add'l ch e protection	d during ti hed. List t /ICE dential	RATE		BLOCK 2	
ransmissions:	Block 2: List any services that 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'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate charge tion and include BLOC RATE 8.00-15.00 \$0-\$50	e was m e the ra CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ade or establis te for each. GORY OF SER ation: Non-res tel, hotel nmercial cable cable-add'l ch protection glar protection	d during ti hed. List t /ICE dential	RATE		BLOCK 2	
ransmissions:	Block 2: List any services that 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 charge tion and include BLOC RATE 8.00-15.00 \$0-\$50	e was m the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ade or establis te for each. BORY OF SER ation: Non-res rel, hotel mmercial cable cable cable-add'l ch protection glar protection services:	d during ti hed. List t /ICE dential	RATE \$0-\$50		BLOCK 2	
ransmissions:	Block 2: List any services that 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 charge tion and include BLOC RATE 8.00-15.00 \$0-\$50	e was m the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ade or establis te for each. GORY OF SER ation: Non-res tel, hotel mmercial cable cable-add'l ch protection glar protection services: connect	d during ti hed. List t /ICE dential	RATE		BLOCK 2	
ransmissions:	Block 2: List any services that 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 charge tion and include BLOC RATE 8.00-15.00 \$0-\$50	e was m e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	ade or establis te for each. BORY OF SER ation: Non-res rel, hotel mmercial cable cable cable-add'l ch protection glar protection services:	d during ti hed. List t /ICE dential	RATE \$0-\$50		BLOCK 2	

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	TDS Broadband Serv	vice LLC		30
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, id. carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to	lentify every television station (including tr em during the accounting period, <i>except</i> (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. <b>s:</b> With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pre- ed with a station according to its over-the-	(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 si e Special Statement and Program both on a substitute basis and al- 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 inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form.	t-time basis under grams [sections tations carried on a ubstitute 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).
		2. B'CAST CHANNEL NUMBER	•	
	KATU	2.1	N	Portland, OR
	KATU-DT2	2.1	N-M	Portland, OR
d Rows as Necessary	KATU-DT3	2.3	N-M	Portland, OR
	KATU-DT4	2.4	N-M	Portland, OR
	KOIN	6.1	N	Portland, OR
	KOIN-DT2	6.2	N-M	Portland, OR
	KOIN-DT3	6.3	N-M	Portland, OR
	KPTV	12.1		Portland, OR
	KPTV-DT2	12.2	I-M	Portland, OR
	KPTV-DT3	12.3	I-M	Portland, OR
	KPTV-DT4	12.4	I-M	Portland, OR
	KGW	8.1	N	Portland, OR
	KGW-DT2	8.2	N-M	Portland, OR
	KGW-DT3	8.3	N-M	Portland, OR
	KPDX	49.1	l	Portland, OR
	KPDX-DT2	49.2	I-M	Portland, OR
	KPDX-DT3	49.3	I-M	Portland, OR
	KPDX-DT4	49.4	I-M	Portland, OR
	КОАВ	3.1	E	Bend, OR
	KOAB-DT2	3.2	E-M	Bend, OR
	KOAB-DT3	3.3	E-M	Bend, OR
	KUNP-LD	47.1	I	Portland, OR
	KUNP-DT2	47.2	I-M	Portland, OR
	KUNP-DT3	47.3	I-M	

	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM					
Name	TDS Broadband Serv	vice LLC		3					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable syste	lentify every television station (including t em during the accounting period, <i>except</i>	(1) stations carried only on a par	rt-time basis under					
Primary		in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61							
Transmitters: Television		as explained in the next paragraph.	ו(פ)(ב) מווע ( <i>א</i> )ון, מווע (ב) טכונמויד כ						
	Substitute Basis Station	s: With respect to any distant stations ca	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 (th	- Chasiel Statement and Program	I -a) if the					
	station was carried only o		e Special Statement and Frogram						
	<ul> <li>List the station here, and</li> </ul>	also in space I, if the station was carried							
		ion concerning substitute basis stations, s							
		on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	•						
		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.								
	<b>Column 3:</b> 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"								
	leducational station, by ent	erina the letter "N" (for network), "N-M" (f	or network multicast), "I" (for inde						
	(for independent multicast	), "E" (for noncommercial educational), or	r "E-M" (for noncommercial educa	ependent), "I-M"					
	(for independent multicast For the meaning of these t	), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc	r "E-M" (for noncommercial educations in the paper SA1-2 form.	ependent), "I-M" ational multicast).					
	(for independent multicast For the meaning of these t <b>Column 4:</b> Give the locati	), "E <sup>"</sup> (for noncommercial educational), or terms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	ependent), "I-M" ational multicast). on is licensed by the					
	(for independent multicast For the meaning of these t <b>Column 4:</b> Give the locati	), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	ependent), "I-M" ational multicast). on is licensed by the					
	(for independent multicast For the meaning of these t <b>Column 4:</b> Give the locati	), "E <sup>"</sup> (for noncommercial educational), or terms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	ependent), "I-M" ational multicast). on is licensed by the					
	(for independent multicast For the meaning of these t <b>Column 4:</b> Give the locati	), "E <sup>"</sup> (for noncommercial educational), or terms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static	ependent), "I-M" ational multicast). on is licensed by the					
	(for independent multicast For the meaning of these t <b>Column 4:</b> Give the locati FCC. For Mexican or Cana	), "E <sup>"</sup> (for noncommercial educational), or terms, see page (iv) of the general instruc on of each station. For U.S. stations, list f adian stations, if any, give the name of th	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static e community with which the stati	ependent), "I-M" ational multicast). on is licensed by the on is identified.					
	(for independent multicast For the meaning of these t <b>Column 4:</b> Give the locati FCC. For Mexican or Cana <b>1. CALL SIGN</b>	), "E <sup>"</sup> (for noncommercial educational), or terms, see page (iv) of the general instruc on of each station. For U.S. stations, list f adian stations, if any, give the name of th <b>2. B'CAST CHANNEL NUMBER</b>	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static e community with which the stati <b>3. TYPE OF STATION</b>	ependent), "I-M" ational multicast). on is licensed by the ion is identified. <b>4. LOCATION OF STATION</b>					
	(for independent multicast For the meaning of these t <b>Column 4:</b> Give the locati FCC. For Mexican or Cana <b>1. CALL SIGN</b> KRCW	), "E <sup>"</sup> (for noncommercial educational), or terms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 32.1	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static e community with which the stati 3. TYPE OF STATION N-M	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION Portland, OR					
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KRCW KRCW-DT2	), "E <sup>*</sup> (for noncommercial educational), or terms, see page (iv) of the general instruc- on of each station. For U.S. stations, list f adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 32.1 32.2	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static e community with which the stati 3. TYPE OF STATION N-M N-M	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION Portland, OR Portland, OR					
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KRCW KRCW-DT2 KRCW-DT3	), "E <sup>*</sup> (for noncommercial educational), or terms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 32.1 32.2 32.3	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static e community with which the stati 3. TYPE OF STATION N-M N-M N-M	ependent), "I-M" ational multicast). on is licensed by the ion is identified. 4. LOCATION OF STATION Portland, OR Portland, OR Portland, OR					
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KRCW KRCW-DT2 KRCW-DT3	), "E <sup>*</sup> (for noncommercial educational), or terms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 32.1 32.2 32.3	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static e community with which the stati 3. TYPE OF STATION N-M N-M N-M	ependent), "I-M" ational multicast). on is licensed by the ion is identified. 4. LOCATION OF STATION Portland, OR Portland, OR Portland, OR					
	(for independent multicast For the meaning of these t Column 4: Give the locati FCC. For Mexican or Cana 1. CALL SIGN KRCW KRCW-DT2 KRCW-DT3	), "E <sup>*</sup> (for noncommercial educational), or terms, see page (iv) of the general instruc- on of each station. For U.S. stations, list t adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 32.1 32.2 32.3	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the static e community with which the stati 3. TYPE OF STATION N-M N-M N-M	ependent), "I-M" ational multicast). on is licensed by the ion is identified. 4. LOCATION OF STATION Portland, OR Portland, OR Portland, OR					

Accounting Period: 2022/1					FO	RM SA1-2E. PAGE 4
LEGAL NAME OF OWNER OF CABLE SYSTEM:						SYSTEM ID
TDS Broadband Service LLC						365
PRIMARY TRANSMITTERS: RADIO						
In General: List every radio station carried on a separate and dis	cre	ete basis and list	those FM sta	itions ca	rried on an	H
all-band basis whose signals were generally receivable by your c	abl	le system during	the accountir	ng perio	d.	
<b>Special Instructions Concerning All-Band FM Carriage:</b> Under receivable if (1) it is carried by the system whenever it is received on the basis of monitoring, to be received at the headend, with th For detailed information about the Copyright Office regulations of paper SA1-2 form.	l at e s	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 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM.						
	~~~	ad by the apple		onorato	and diagrata	
<b>Column 3:</b> If the radio station's signal was electronically proce signal, indicate this by placing a check mark in the "S/D" column.	550		system as a s	eparate		
<b>Column 4:</b> Give the station's location (the community to which	th	e station is licen	sed by the EC	C or in	the case of	
Mexican or Canadian stations, if any, the community with which t			-	,		
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						FORM	VI SA1-2E. PAGE §
Name	LEGAL NAME OF OWNER O		STEM:					SYSTEM ID
name	TDS Broadband Serv	ice LLC						365 <sup>,</sup>
	SUBSTITUTE CARRIAG					tion, that y	our cable sys	tem carried on a
Substitute	substitute basis during the explanation of the program							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	eriod, did yo	ur cable syste	m carry, on a substitute ba	isis, any noni	network te	elevision prog	ram
Program Log	broadcast by a distant sta	ation?					YES	X NO
	Note: If your answer is "N	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	nust com	plete the proc	gram
	log in block 2. 2. LOG OF SUBSTITUT							
	In General: List each sub- clear. If you need more sp Column 1: Give the title period, was broadcast by under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	stitute progr pace, please e of every no a distant sta egulations, pries like "m s. Bulls." am was broa l sign of the padcast stat padcast stat nonth and day jive "5/7." nes when th s. Example: " tter "R" if the and regulat mming that	am on a sepan a add additiona onnetwork tele ation and that y or authorizatio ovies" or "bask adcast live, ent station broadd ion's location ( ions, if any, the y when your sy he substitute pr a program car e listed program tions in effect of	I rows to the tables. evision program ("substitute your cable system substitu- ions. See page (v) of the ge ketball." List specific progra- ter "Yes." Otherwise enter casting the substitute prog (the community to which the e community with which the ystem carried the substitute rogram was carried by you ried by a system from 6:00 m was substituted for prog during the accounting period	e program") ti ted for the pro neral instruct am titles, for e "No." ram. e station is life e station is life e station is life e station is life e program. U r cable syste 1:15 p.m. to 6 ramming that od; enter the l	hat, during ogrammin ions for fu example, ' censed by entified) se numer m. List the c28:30 p.r tyour sys etter "P" i	g the account ng of another s urther informa "I Love Lucy" y the FCC or, als, with the n e times accura m. should be tem was <i>requ</i> f the listed pro-	ing station tion. or in nonth ately
	5	SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RE		
	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		EGAL NAME OF OWNER OF						5	SYSTEM I	
INAILLE	Т	DS Broadband Ser	vice LLC						36	
K Gross Receipts	lr al s (a p:	during the accountir	pts) paid to your cab ) during the accounti instructions located subscribers for secong period.	le system by subso ing period. For a fu in the paper SA1-2 ondary transmissio	cribers for the rther explana form n service(s)	system's stion of how	secondary trans to compute this	mission servio s amount, se \$ 29	œ 02,053.60	
	11	MPORTANT: You must	complete a stateme	ent in space P conc	erning gross	receipts.		(Amount of g	ross receipts)	
L Copyright Royalty Fee	Inst • C • U • U • U	PYRIGHT ROYALTY tructions: To compute Complete block 1, block Jse block 1 if the amour Jse block 2 if the amour Jse block 3 if the amour a page (vi) of the general i	the royalty fee you o 2, or block 3. ht of gross receipts ir ht of gross receipts ir ht of gross receipts ir	n space K is \$137,´ n space K is more t n space K is more t	han \$137,100 han \$263,800	0 but less t	han \$527,60(	\$263,80(		
			BLOCK '	1: GROSS RECEI	PTS OF \$13	7,100 OR	LESS			
		nstructions: As a cable sy accounting period is \$52.0		ipts of \$137,100 or I	ess, the royall	y fee that y	ou must pay for t	his six-month		
	Li	ine 1. Royalty fee for acc	counting period							
	Li	ine 2. Interest charge. E	nter the amount from	line 4, space Q, pag	ge 8				0.00	
							_			
	Li	ine 3. TOTAL ROYALTY						-		
			OCK 2: GROSS RE	· · ·	,	,	. ,	00)		
		. Base amount under sta								
		2. Enter amount of gross r								
		3. Subtract line 2 from line 1								
		4. Enter the amount of gross receipts from space K								
							·			
	6.	6. Subtract line 5 from line 4								
		. Multiply line 6 by .005 (	• /							
	8.	8. Interest charge. Enter t	the amount from line 4	4, space Q, page 8 .					0.00	
	9.	). TOTAL ROYALTY FEE	E PAYABLE FOR AC	COUNTING PERIO	D. Add lines	7 and 8				
		BLC	OCK 3: GROSS REC	CEIPTS OF MORI	E THAN \$26	3,800 (but	less than \$527	600)		
	1.	. Enter the amount of gro	oss receipts from spac	ce K		\$	292,053.60			
	2	. Base amount under sta	tutory formula			\$	263,800.00			
	3.	3. Subtract line 2 from line				\$	28,253.60			
	4.	. Multiply line 3 by .01					\$	282.54		
	5.	5. Royalty due on the first	\$263,800 of gross re	ceipts (under statuto	ory formula)		\$	1,319.00		
	6.	6. Interest charge. Enter t	the amount from line 4	4, space Q, page 8 .				0.00		
	7.	. TOTAL ROYALTY FEE	E PAYABLE FOR AC		D. Add lines	4, 5, and 6 .		\$	1,601.54	
	-		FILING FEE A	AND TOTAL REM	ITTANCE DU	JE				
Filing Fee and		. Royalty Fee Payable fo	r Accounting Period (	from Block 1, 2, or 3	s, above)		\$	1,601.54		
Filing Fee and Fotal Remittance Due		2. Filing Fee (See the inst	ructions for more info	rmation on filing fee	calculations)		. \$	20.00		
	3.	. TOTAL AMOUNT DUE	FOR ACCOUNTING	PERIOD. Add line	es 2 and 3			\$	1,621.54	
	3.	3. TOTAL AMOUNT DUE		PERIOD. Add line				\$	1,621.54	

Accounting Period:	: 2022/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 3651
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 .	28
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		608) 664-8517
	Address 525 Junction Rd (Number, street, rural route, apartment, or sulte 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 owner 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>	stem 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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Broadband Service LLC	365
<ul> <li>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."     </li> <li>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.</li> <li>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?     </li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	-
Name     Mailing Address     Name       Mailing Address     Mailing Address	
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 Assessmen
x days	
ACC/5	
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 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	
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