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 COPYRIGH	IT OFFICE USE ONLY	Beturn completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	– coplicsoa@copyright.gov
General instru	ems (Short Form) actions are located of this workbook	2/20/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2022	2 Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of t the subsidiary, not that of the parent corp		ary of another corporation, give the full corp	orate title of
Owner	List any other name or names under whic	h the owner conducts the business of the	e cable system.	
	If there were different owners during the statement of account and royalty fee pay		e last day of the accounting period should su od.	bmit a single
	Check here if this is the system's first filin	g. If not, enter the system's ID number as	signed by the Licensing Division.	10034
	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)			
С	INSTRUCTIONS: In line 1, give any busin		, ,	5
System	names already appear in space B. In line	2, give the mailing address of the	system, il different from the address	given in space B.
	1			
	MAILING ADDRESS OF CABLE SYSTEM	Λ:		
	2 (Number, street, rural route, apartment, or suite	number)		
	(City, town, state, zip code)			
L				

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.

Accounting Period:	2022/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	10034
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated cor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
Area Served	city.	nome parks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First	TRUTH OR CONSEQUENCES	NM
Community	SIERRA	NM
	WILLAMSBURG	NM
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	
	TDS Broadband Service	LLC							1003
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in s					y transmission s	ervice of t	he cable	
Coordom.	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						iose exist	ng on the	
Service: Sub-	Number of Subscribers: Both	h blocks in spa	ce E ca	ll for the number	of subsc	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				cnarged	
	Rate: Give the standard rate c	harged for eac	h categ	ory of service. Ir	nclude bo	th the amount o	f the charg		
	unit in which it is generally billed	· · ·		,	ıy standar	d rate variations	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				es of seco	ondarv transmis	sion servio	e that cable	
	systems most commonly provide	•		•					
	that applies to your system. Note			-		-			
	categories, that person or entity subscriber who pays extra for ca				••		•		
	first set" and would be counted of					In the count and			
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	and rates, in the	e nym-i	Iand DIOCK. A tw		e-word description			
	BLC	BLOCK 1 BLOCK 2							
	CATEGORY OF SERVICE							NO. OF SUBSCRIBERS	RAT
	Residential:	JUBJCKID	EKS	NATE	CAT	EGORT OF SER	VICE	SUBSCRIBERS	INA I
	Service to first set		353	25.00					
	 Service to additional set(s) 								1
	• FM radio (if separate rate)								1
	Motel, hotel		38	17.97/mo.					
	Commercial								
	Converter								
	Residential		375	\$6/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC		Nemie						
_	In General: Space F calls for rat				pect to al	l your cable syst	em's serv	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		-		-		0	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rales	listed in block 1 and for which a				-				
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-resi	dential				
	• Pay cable	8.00-15.00		otel, hotel					
	Pay cable—add'l channel			mmercial		\$0 - \$50			
	Fire protection			y cable v cable odd'l ch	annel				
	•Burglar protection Installation: Residential			y cable-add'l cha	annei				
	First set	\$0 - \$50		e protection rglar protection					
	Additional set(s)	\$0 - \$50 \$0 - \$50		services:					
	• FM radio (if separate rate)	40 400		connect		0-25			1
				connect					
	• Converter			sconnect		0 10			
	· · · /		• Dis			19.98-39.96			

Namo	LEGAL NAME OF OWNER C	JF CABLE SYSTEM:			SYSTEM			
Name	TDS Broadband Serv	vice LLC			10			
	PRIMARY TRANSMITTERS:	TELEVISION						
G	•	dentify every television station (including tra	•	,				
G		em during the accounting period, <i>except</i> (1) is in effect on June 24, 1981, permitting the o						
Primary	76.59(d)(2) and (4), 76.61((e)(2) and (4), or 76.63 (referring to 76.61(e						
Fransmitters: Television		as explained in the next paragraph. s: With respect to any distant stations carri	ied by your cable system on a sul	bstitute program				
	 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 							
	• Do not list the station helestation was carried only or		Special Statement and Frogram.	Log)—II the				
		l also in space I, if the station was carried be ion concerning substitute basis stations, se						
	Column 1: List each static	on's call sign. <i>Do not</i> report origination prog	gram services such as HBO, ESF	PN, etc. Identify each				
	multicast stream associate "WETA-2" as the same on	ed with a station according to its over-the-ai n the form.	ir designation. For example, repo	ort multistream				
	Column 2: Give the chann	nel number the FCC assigned to the televis	sion station for broadcasting over	the air in its community				
		NRC is channel 4 in Washington, D.C. ch case whether the station is a network sta	ation, an independent station, or a	noncommercial				
	educational station, by ente	tering the letter "N" (for network), "N-M" (for	r network multicast), "I" (for indep	endent), "I-M"				
	For the meaning of these t	:), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction	ions in the paper SA1-2 form.	,				
	Column 4: Give the location	ion of each station. For U.S. stations, list the adian stations, if any, give the name of the o	e community to which the station	•				
	FUC. FULIVIOLIDATION CO	Aulan Stauons, in any, give the name of all	Community with which are classe.	IS Identined.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER 7.1	3. TYPE OF STATION	4. LOCATION OF STA Albuquerque, NM				
	KOAT-DT2	7.1	N-M	Albuquerque, NM				
d Rows as Necessary	KOAT-DT2	7.2	N-M	Albuquerque, NM				
KOWS as Neccessary	KBIM	10.1	N	Roswell, NM				
	KBIM-DT2	10.1	N-M	Roswell, NM				
	KOBR	8.1	N	Roswell, NM				
	KOBR-DT2	8.2	<u>N-M</u>	Roswell, NM				
	KLUZ	14.1	I	Albuquerque, NM				
	KUPT	29.1	I	Hobbs, NM				
	KRTN	39.1		Albuquerque, NM				
	KRTN-DT6	39.6	I-M	Albuquerque, NM				
	KASA		I-M I	Albuquerque, NM Santa Fe, NM				
		39.6	I-M I E	Albuquerque, NM				
	KASA	39.6 2.1	I	Albuquerque, NM Santa Fe, NM				
	KASA KENW	39.6 2.1 3.1	I	Albuquerque, NM Santa Fe, NM Portales, NM				
	KASA KENW KRPV-DT	39.6 2.1 3.1 27.1	I	Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM				
	KASA KENW KRPV-DT KCHF	39.6 2.1 3.1 27.1 11.1	I	Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM				
	KASA KENW KRPV-DT KCHF KRWG	39.6 2.1 3.1 27.1 11.1 22.1	I	Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM Las Cruces				
	KASA KENW KRPV-DT KCHF KRWG KASY	39.6 2.1 3.1 27.1 11.1 22.1 50.1	I	Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM Las Cruces Albuquerque, NM				
	KASA KENW KRPV-DT KCHF KRWG KASY	39.6 2.1 3.1 27.1 11.1 22.1 50.1	I	Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM Las Cruces Albuquerque, NM				
	KASA KENW KRPV-DT KCHF KRWG KASY	39.6 2.1 3.1 27.1 11.1 22.1 50.1	I	Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM Las Cruces Albuquerque, NM				
	KASA KENW KRPV-DT KCHF KRWG KASY	39.6 2.1 3.1 27.1 11.1 22.1 50.1	I	Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM Las Cruces Albuquerque, NM				
	KASA KENW KRPV-DT KCHF KRWG KASY	39.6 2.1 3.1 27.1 11.1 22.1 50.1	I	Albuquerque, NM Santa Fe, NM Portales, NM Roswell, NM Albuquerque, NM Las Cruces Albuquerque, NM				

uning renou	: 2022/2			FORM SA1-2E. PA
Nama	LEGAL NAME OF OWNER	DF CABLE SYSTEM:		SYSTEM
Name	TDS Broadband Ser	vice LLC		100
	PRIMARY TRANSMITTERS	TELEVISION		
•	In General: In space G, ic	lentify every television station (including tra	anslator stations and low power televis	ion stations)
G		em during the accounting period, <i>except</i> (1	, , , , , , , , , , , , , , , , , , , ,	
	5	in effect on June 24, 1981, permitting the	0 1 0	
Primary		(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations	carried on a
ransmitters: Television		as explained in the next paragraph. s: With respect to any distant stations carr	ied by your cable system on a substitu	ite program
Television		rules, regulations, or authorizations:	ied by your cable system of a substite	ic program
		re in space G—but do list it in space I (the	Special Statement and Program Log)-	—if the
	station was carried only o	n a substitute basis.	,	
		also in space I, if the station was carried b		
		ion concerning substitute basis stations, se		
		on's call sign. <i>Do not</i> report origination pro	•	
	"WETA-2" as the same or	ed with a station according to its over-the-a	ir designation. For example, report m	ultistream
		nel number the FCC assigned to the televis	sion station for broadcasting over the a	air in its community
		WRC is channel 4 in Washington, D.C.		
		ch case whether the station is a network sta	ation, an independent station, or a non	commercial
	educational station, by ent	ering the letter "N" (for network), "N-M" (fo	r network multicast), "I" (for independe	ent), "I-M"
	· ·), "E" (for noncommercial educational), or	•	multicast).
		terms, see page (iv) of the general instruct		
		on of each station. For U.S. stations, list th adian stations, if any, give the name of the		
	FUC. FOI MEXICALI OF CALL	adian stations, if any, give the name of the	community with which the station is in	enunea.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Accounting Period: 2022	2/2						FOF	RM SA1-2E. PAGE 4
LEGAL NAME OF OWNER OF	CABLE S	YSTEM:						SYSTEM ID#
TDS Broadband Servic	e LLC							10034
PRIMARY TRANSMITTERS	: RADIO							
In General: List every radio	station ca	rried on a separate and discre	et	e basis and list	hose FM stati	ons carr	ied on an	H
all-band basis whose signals	were ger	nerally receivable by your cab	ole	e system during f	he accounting	period.		
on the basis of monitoring, to For detailed information about paper SA1-2 form. Column 1: Identify the call Column 2: State whether Column 3: If the radio sta signal, indicate this by placin	y the sys be receiv it the Co I sign of e the statio tion's sigr g a check	tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process	at t sy thi	the system's hea rstem's FM anter is point, see pag d by the cable s	adend, and (2) nna, during ce le (v) of the ge ystem as a sep	it can b rtain sta neral ins parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters: Radio
		the community with which the			-	,		
CALL SIGN AM or FM	S/D	LOCATION OF STATION	Д	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A							L	

Accounting Perio						FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF		EM:				SYSTEM ID#
Name	TDS Broadband Servio	ce LLC					10034
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	fy every non	network televisi eriod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regulations, or	authorizations.	For a further
Carriage:	1. SPECIAL STATEMENT			• • • • • •	general men denerie m		
Special	During the accounting per				s any nonnetwork tel	levision program	n
Statement and	broadcast by a distant sta	•					
Program Log						YES	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you must comp	plete the program	m
	log in block 2.						
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	titute progra ce, please a of every no distant stat gulations, o ies like "mo Bulls." n was broad sign of the s adcast static th and day <i>v</i> e "5/7." es when the Example: a er "R" if the and regulatio	Im on a separa add additional r nnetwork televi ion and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th ons, if any, the of when your syste substitute pro- program carrie listed program ons in effect du	rows to the tables. ision program ("substitute pur cable system substitutes s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra ne community to which the community with which the s tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	brogram") that, during d for the programming ral instructions for fun n titles, for example, " lo." m. station is licensed by station is identified). brogram. Use numeral cable system. List the 15 p.m. to 6:28:30 p.m mming that your syst ; enter the letter "P" if	the accounting g of another sta rther information I Love Lucy" or the FCC or, in als, with the mon times accurate n. should be em was <i>require</i> the listed progr	y tion n. hth ely
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules and regu	lations in	
	effect on October 19, 1976.				WHEN SUB	STITUTE	
	S	UBSTITUT	E PROGRAM	 	CARRIAGE O		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY FROM	6. TIMES I <u> </u>	
						_	
						_	
		+					+
		+					+
						_	
						_	
		+					
							+
						_	
						-	
						_	
						-	

-	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	TDS Broadband Service LLC	10
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this ar page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service
	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper \$A1-2 form for more information. 	63,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00	is six-month
	Line 1. Royalty fee for accounting period	\$ 52.0
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	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)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	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)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and		50.00
otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 2. Filing Fee (See the instructions for more information on filing fee calculations) \$	52.00 15.00
		\$ 67.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	÷ 01.0
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	<u> </u>

Accounting Period:	2022/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 10034
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 on which the cable system carried television broadcast stations and nonbroadcast services	18 153
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 finance@tdstelecom.com 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 X (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)] X /s/ Sharon V. Tisdale 	rstem as identified
	Typed or printed name: Sharon V. Tisdale	
	Title: Assistant Treasurer (Title of official position held in corporation or partnership) Date: February 23, 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.

unting Period: 2022/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Broadband Service LLC	100
 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? NO 	P 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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
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	Q Interest Assessme
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