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					
8/23/23	\$					
	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

Δ	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
'	The state of the s								
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31								
	20231 Barcode Data Filing Period (optional - see instructions)								
Accounting									
Period									
	Instructions:								
В	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.								
Owner	List any other name or names under which the owner conducts the business of the cable system.								
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a								
	single statement of account and royalty fee payment covering the entire accounting period.								
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	TDS Broadband Service LLC								
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	Baja Broadband								
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
	525 Junction Rd. (Number, street, rural route, apartment, or suite number)								
	Madison, WI 53717-2152								
	(City, town, state, zip)								
С	<b>INSTRUCTIONS:</b> 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	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	— (ramber, suces, raid 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:	2023/1	FORM SA1-2E. PAGE 11
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	TDS Broadband Service LLC	3651
_	Instructions: List each separate community served by the cable system. A "communi" a separate and distinct community or municipal entity (including unincorporated co	ty" is the same as a "community unit" as defined in FCC rules:
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lie 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, or mobile hidentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	MADRAS	OR
Community	METOLIUS	OR
Community	CULVER	
		OR .
Add Rows as Necessary	CROOKED RIVER RANCH	OR
		_

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**TDS Broadband Service LLC** 

**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.

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	886	25.00				
Service to additional set(s)						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel	91	18.63/mo.				
Commercial						
Converter						
Residential	1,132	\$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 1				
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			
<ul> <li>Additional set(s)</li> </ul>	\$0-\$50	Other services:			
• FM radio (if separate rate)		Reconnect	0-25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

3651

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 3651

#### **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.

**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
KATU	2.1	N	Portland, OR
KATU-DT2	2.2	N-M	Portland, OR
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	1	Portland, OR
KPTV-DT2	12.2	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
KGW-DT4	8.4	N-M	Portland, OR
KGW-DT5	8.5	N-M	Portland, OR
KGW-DT6	8.6	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
KOAB	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

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.

**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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KUNP-DT2	47.2	I-M	Portland, OR
KUNP-DT3	47.3	I-M	Portland, OR
KRCW	32.1	N-M	Portland, OR
KRCW-DT2	32.2	N-M	Portland, OR
KRCW-DT3	32.3	N-M	Portland, OR
KRCW-DT4	32.4	N-M	Portland, OR
KBND	14.1	l	Bend, OR
KJYY	29.1	N	Portland, OR

Accounting Period: 2023/1 FORM 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 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							

	-J. 2022 /4						5001	101105 8105 5	
ccounting Perio	LEGAL NAME OF OWNER O	F CABLE SYS	STEM:				FORI	M SA1-2E. PAGE 5 SYSTEM ID#	
Name	TDS Broadband Serv							3651	
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO	)G				
 	substitute basis during the	accounting p	eriod, under s	rision program, broadcast by pecific present and former F in this log, see page (v) of t	CC rules, reg	ulations, or a	authorizatio	ns. For a further	
Substitute Carriage:									
Special				m carry, on a substitute ba	ısis. anv nonr	network tele	vision prog	ram	
Statement and	broadcast by a distant sta	•		<b>,</b> ,	·-·-, -··· <b>,</b> ···-··		YES	X NO	
Program Log	,				- "\/ "	— 			
		o , leave the	e rest of this pa	age blank. If your answer is	s res, your	nust comple	ete the prog	gram	
	log in block 2.  2. LOG OF SUBSTITUT	E DBUCB	AMS						
	In General: List each sub- clear. If you need more sp Column 1: Give the title period, was broadcast by	stitute progr ace, please e of every no a distant sta	am on a sepa add additiona onnetwork tele tion and that y	rate line. Use abbreviations al rows to the tables. evision program ("substitute your cable system substitut ons. See page (v) of the ge	e program") the	nat, during t	the account of another	ing station	
	Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal	ories like "mo s. Bulls." am was broa I sign of the	ovies" or "basl adcast live, en station broad	ketball." List specific progra ter "Yes." Otherwise enter casting the substitute progr	am titles, for e "No." ram.	example, "I I	Love Lucy"	or	
	the case of Mexican or Ca <b>Column 5:</b> Give the mo first. Example: for May 7 g	nadian stati onth and day jive "5/7."	ons, if any, the when your sy	(the community to which the e community with which the ystem carried the substitute rogram was carried by you	e station is id e program. Us	entified). se numerals	s, with the n	nonth	
	to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the le to delete under FCC rules	s. Example: tter "R" if the and regulat	a program can e listed progra ions in effect o	rried by a system from 6:01  m was substituted for prog during the accounting peric vas permitted to delete unc	1:15 p.m. to 6 ramming that od; enter the l	:28:30 p.m. your syster etter "P" if tl	should be m was <i>requ</i> he listed pro	ired	
	effect on October 19, 1976.					N SUBSTIT	TUTE		
	8		E PROGRAM		CARRIAGE OCCURRED  5 MONTH 6. TIMES			7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	— TO		
				<del> </del>			— 		
							— 		
							<u> </u>		
			<u> </u>				— 		
								, 	
								,	
							_		
							_		
						-	_		
						-	_		
								'	
			<b></b>			=			
						_			

GROSS RECEIPTS  Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) and to your cable system by subscribers for the system's secondary transmission service you all amounts (gross receipts from subscribers for secondary transmission service)  June 1996 (with of the quarter) instructions bound in the paper SAT-2 form.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.  MIPCRTANT: You must complete a statement in space P concerning gross receipts.  COPYRIGHT ROYALTY FEE  Comprish Toy ALTY FEE  Comprish Toy ALTY FEE  Comprish Toy ALTY FEE  Complete block 1 the amount of gross receipts in space K is strong 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 \$283,800 but less than or equal to \$263,800.  See page (vi) of the greated instructions because in the paper SAT-2 from from one information  BLOCK 1: GROSS RECEIPTS OF \$137,100 or less.  Line 2. Interest charge. Enter the amount from line 4, space Q, page 8  Line 2. Interest charge. Enter the amount from line 4, space Q, page 8  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)  1. Base amount under statutory formula  2. Enter the amount of gross receipts from space K  3. 260,796,55  S. Enter the amount of gross receipts from space K  3. 260,796,55  S. Enter the amount of gross receipts from space K  3. 260,796,55  S. Enter the amount of gross receipts from space K  4. Enter the amount of gross receipts from space K  2. Enter the amount of gross receipts from space K  3. 263,800,000  3. Subtract line 2 from line 1  4. Multiply line 6 by .005 (enter figure here)  5. Enter the amount of gross receipts from space K  2. Base amount under statutory formula  5. Royally due on the first \$263,800 of gross receipts (under statutory	ccounting Period:	2023/1	FORM SA1-2E. PAGE 6.
Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (goars exceptibly paids to your candidate) and amounts (goars exceptible and to your candidate) and the explanation of how to compute this amount, see seeming the accounting period.    MORTIAIN: You must complete a statement in space P concerning gross receipts are concerning period.	Name		SYSTEM ID# 3651
L Copyrights Royalty Fee  Complicits block 1, block 2, or block 2,		Instructions: The figure you give in this space determines the form you file and the amount yo all amounts (gross receipts) paid to your cable system by subscribers for the system's seconda (as identified in space E) during the accounting period. For a further explanation of how to compage (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.	ary transmission service apute this amount, se
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00  Line 1. Royalty fee for accounting period		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 a Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52	
Line 1. Royalty fee for accounting period		BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
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.  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)  1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K. \$ 260,796.55 3. Subtract line 2 from line 1 \$ 3,003.45 4. Enter the amount of gross receipts from space K. \$ 260,796.55 5. Enter the amount from line 3 \$ 3,003.45 6. Subtract line 5 from line 4 \$ 257,793.10 7. Multiply line 6 by .005 (enter figure here) \$ 1,288.97 8. Interest charge. Enter the amount from line 4, space Q, page 8 . 0.00  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 . \$ 1,288.97  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 .  Filling Fee and Total Romittance Due  Filling Fee and Total Romittance Due  Filling Fee (See the instructions for more information on filing fee calculations) . \$ 1,288.97  2. Filing Fee (See the instructions for more information on filing fee calculations) . \$ 1,308.97  EFT Trace # or TRANSACTION ID #  Imperiant: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.			pay for this six-month
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 \$137,100)  1. Base amount under statutory formula.  \$ 263,800.00  2. Enter amount of gross receipts from space K.  \$ 260,796.55  3. Subtract line 2 from line 1.  \$ 3,003.45  4. Enter the amount of gross receipts from space K.  \$ 260,796.55  5. Enter the amount from line 3.  \$ 3,003.45  6. Subtract line 5 from line 4.  7. Multiply line 6 by .005 (enter figure here).  \$ 1,288.97  8. Interest charge. Enter the amount from line 4, space Q, page 8.  0.00  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8.  \$ 1,288.97  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  Filling Fee and TOTAL REMITTANCE DUE  Filling Fee (See the instructions for more information on filing fee calculations).  \$ 1,288.97  EFIT Trace # or TRANSACTION ID #  Imperiant: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.		Line 1. Royalty fee for accounting period	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)  1. Base amount under statutory formula		Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K \$ 260,796.55 3. Subtract line 2 from line 1 \$ 3,003.45 4. Enter the amount of gross receipts from space K \$ 260,796.55 5. Enter the amount from line 3 \$ 3,003.45 6. Subtract line 5 from line 4 \$ 257,793.10 7. Multiply line 6 by .005 (enter figure here) \$ 1,288.97 8. Interest charge. Enter the amount from line 4, space Q, page 8 \$ 0.00 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 1,288.97 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 Total Remittance Due  1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 1,288.97  EFT Trace # or TRANSACTION ID #  Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.		Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
2. Enter amount of gross receipts from space K. \$ 260,796.55 3. Subtract line 2 from line 1. \$ 3,003.45 4. Enter the amount of gross receipts from space K. \$ 260,796.55 5. Enter the amount from line 3. \$ 3,003.45 6. Subtract line 5 from line 4. \$ 257,793.10 7. Multiply line 6 by .005 (enter figure here). \$ 1,288.97 8. Interest charge. Enter the amount from line 4, space Q, page 8		BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than	n \$137,100)
3. Subtract line 2 from line 1. \$ 3,003.45  4. Enter the amount of gross receipts from space K. \$ 260,796.55  5. Enter the amount from line 3. \$ 3,003.45  6. Subtract line 5 from line 4. \$ 257,793.10  7. Multiply line 6 by .005 (enter figure here). \$ 1,288.97  8. Interest charge. Enter the amount from line 4, space Q, page 8. 0.00  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. \$ 1,288.97  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. \$ 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. \$ 1,288.97  FILING FEE AND TOTAL REMITTANCE DUE  Filing Fee and Total Remittance Due  Filing Fee (See the instructions for more information on filing fee calculations). \$ 1,288.97  2. Filing Fee (See the instructions for more information on filing fee calculations). \$ 20.00  3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3. \$ 1,308.97  EFT Trace # or TRANSACTION ID #  Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.		1. Base amount under statutory formula	300.00
4. Enter the amount of gross receipts from space K. \$ 260,796.55  5. Enter the amount from line 3 . \$ 3,003.45  6. Subtract line 5 from line 4 . \$ 257,793.10  7. Multiply line 6 by .005 (enter figure here) . \$ 1,288.97  8. Interest charge. Enter the amount from line 4, space Q, page 8 . 0.00  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 . \$ 1,288.97  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		2. Enter amount of gross receipts from space K	796.55
4. Enter the amount of gross receipts from space K. \$ 260,796.55  5. Enter the amount from line 3 . \$ 3,003.45  6. Subtract line 5 from line 4 . \$ 257,793.10  7. Multiply line 6 by .005 (enter figure here) . \$ 1,288.97  8. Interest charge. Enter the amount from line 4, space Q, page 8 . 0.00  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 . \$ 1,288.97  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		<u> </u>	
5. Enter the amount from line 3			<del></del>
6. Subtract line 5 from line 4			<u> </u>
7. Multiply line 6 by .005 (enter figure here)			<u> </u>
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.  \$ 1,288.97  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.  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).  5. Royalty due on the first \$263,800 of gross receipts (under statutory formula).  7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.  FILING FEE AND TOTAL REMITTANCE DUE  Filling Fee and Total Remittance Due  1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above).  5. Filling Fee (See the instructions for more information on filing fee calculations).  \$ 1,288.97  2. Filling Fee (See the instructions for more information on filing fee calculations).  \$ 1,308.97  EFT Trace # or TRANSACTION ID #  Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.		6. Subtract line 5 from line 4	257,793.10
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		7. Multiply line 6 by .005 (enter figure here)	\$ 1,288.97
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).  5. Royalty due on the first \$263,800 of gross receipts (under statutory formula).  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).  \$ 1,288.97  2. Filing Fee (See the instructions for more information on filing fee calculations).  \$ 1,308.97  EFT Trace # or TRANSACTION ID #  Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.		8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
1. Enter the amount of gross receipts from space K		9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$ 1,288.97
2. Base amount under statutory formula \$ 263,800.00  3. Subtract line 2 from line 1		BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less that	an \$527,600)
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)			
4. Multiply line 3 by .01  5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)  6. Interest charge. Enter the amount from line 4, space Q, page 8.  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)  2. Filing Fee (See the instructions for more information on filing fee calculations)  3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3.  EFT Trace # or TRANSACTION ID #  Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.		2. Base amount under statutory formula	300.00
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		3. Subtract line 2 from line 1	<u></u>
6. Interest charge. Enter the amount from line 4, space Q, page 8		4. Multiply line 3 by .01	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
Filing Fee and Total Remittance Due  1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
Filing Fee and Total Remittance Due  1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	<u> </u>
Filing Fee and Total Remittance Due  1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		FILING FEE AND TOTAL REMITTANCE DUE	
Total 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)		Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,288.97
EFT Trace # or TRANSACTION ID #  Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.	Due	Filing Fee (See the instructions for more information on filing fee calculations)	20.00
Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.		3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	. \$ 1,308.97
		EFT Trace # or TRANSACTION ID #	

Accounting Period:	<b>2023/1</b> FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  TDS Broadband Service LLC  3651
<b>M</b> 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.  167
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	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, but only one, 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; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable system 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  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 28, 2023

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: 2023/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
S Broadband Service LLC	3651
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."	Special Statement Concerning Gross
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.	Receipts Exclusion
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	
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 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	

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 th 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.