TI	his form is	s effect	ive be	eginning with the	January [•]	1 to June 30), 2017 acco	unting period	(2017/1)
lf	you are fili	ng for a	n prior	accounting period,	, contact t	he Licensing	Division for	the correct forn	n.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIG	FOR COPYRIGHT OFFICE USE ONLY			
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov		
Cable Systems (Short Form) General instructions are located in the first tab of this workbook	2/25/2025	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
A ACCOUNTING PERIOD CC	OVERED BY THIS STATEMENT: (YYYY/(F	Period))			
2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	20242 Barcode Data Filing Period (optional - se	ee instructions)			
Accounting Period					
Instructions: Give the full legal name of th	e owner of the cable system. If the owner is a subsidiary of a	nother corporation, give the full corporate title c	of the		

Accounting Period								
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.						
Owner		List any other name or names under which the owner conducts the business of the cable system.						
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	21065					
		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						
С	INSTR names	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:						
	0							
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE SYSTEM I
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	TDS Broadband Service LLC	210
D	Instructions: List each separate community served by the cable system. A "communi separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will see community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hot	nities within unincorporated areas and including single, discre rve as a form of system identification hereafter known as the "f
Area	city.	one parks should be reported in parentneses below the identiti
Served	ony.	
	CITY OR TOWN	STATE
First	Ruidoso	NM
Community	Ruidoso Downs	NM
	Lincoln	NM
Rows as Necessary	Capitan	NM
	Alto	NM

Accounting Period:	2024/2									
	LEGAL NAME OF OWNER OF CABL	E SYSTEM:							1-2E. PAGE : STEM ID:	
Name	TDS Broadband Service L	LC							2106	
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).									
	Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is									
	sufficient. BLC	DCK 1					BLOCK	(2		
		NO. OF					NO. OF	DATE		
	CATEGORY OF SERVICE Residential: • Service to first set • Service to additional set(s)	SUBSCRIB	1,409	RATE 30.00		TEGORY OF SER		SUBSCRIBERS	RATE	
	• FM radio (if separate rate) Motel, hotel		200	17.97/mo.						
	Commercial		200	17.57/110.						
	Converter									
	Residential		2,484	\$6/Mo.						
	Non-residential			v 0						
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.									
		BLO					BLOCK 2			
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services: Pay cable	8.00-15.00		tion: Non-resid	iential					
	• Pay cable—add'l channel	0.00-10.00		nmercial		\$0 - \$50				
	• Fire protection		-	v cable						
	•Burglar protection		· ·	cable-add'l cha	annel					
	Installation: Residential			protection						
	• First set	\$0 - \$49.95	• Bur	glar protection						
	 Additional set(s) 	\$0 - \$49.95	Other s	ervices:						
	• FM radio (if separate rate)		• Rec	connect		0-25				
	Converter		-	connect						
			_	let relocation ve to new addre	SS	19.98-39.96				

News	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM					
Name	TDS Broadband Service LLC								
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> 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 <i>only</i> on a substitute basis stations, see page (v) of the general instructions. • List the station is pace 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. <i>Do not</i> 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 kation, if for network), "FM" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational or "E-M" (for noncommercial educational nutlicast). For U.S. stations, list the community to which the station is ide								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KOAT	7.1	N	Albuquerque, NM					
		7.1	N-M						
	KOAT-DT2			Albuquerque, NM					
dd Rows as Necessary	KOAT-DT3	7.3	<u>N-M</u>	Albuquerque, NM					
	KOAT-DT5	7.5	<u>N-M</u>	Albuquerque, NM					
		10.1	<u> </u>						
	KBIM-DT2	10.2	<u>N-M</u>	Roswell, NM					
	KOBR	8.1	<u>N</u>						
	KOBR-DT2	8.2	N-M	Roswell, NM					
	KOBR-DT3	8.3	<u>N-M</u>	Roswell, NM					
	КИРТ	29.1		Hobbs, NM					
	KRTN	39.1	I	Albuquerque, NM					
	KRTN-DT6	39.6	I-M	Albuquerque, NM					
	KLUZ	14.1		Albuquerque, NM					
	KASA	2.1	<u> </u>	Santa Fe, NM					
	KASA DT2	15.1	I-M	Santa Fe, NM					
	KRWG	22.1	E	Las Cruces, NM					
	KVBA-LP	19.1	<u> </u>	Alamogordo, NM					
	KCHF	11.1	<u> </u>	Albuquerque, NM					
	KASY	50.1	<u> </u>	Albuquerque, NM					
	KASY KWBQ	50.1 19.1	I	Albuquerque, NM Santa Fe, NM					
	КШВQ	19.1	 	Santa Fe, NM					
	КШВQ	19.1	I I I	Santa Fe, NM					
	КШВQ	19.1	 	Santa Fe, NM					
	КШВQ	19.1	I I I	Santa Fe, NM					
	КШВQ	19.1	I I I	Santa Fe, NM					
	КШВQ	19.1	I I I	Santa Fe, NM					
	КШВQ	19.1	I I I	Santa Fe, NM					

ounting Period: 2	2024/2			FORM SA1-2E. PAGE					
News	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM II					
Name	TDS Broadband Service	2106							
	PRIMARY TRANSMITTERS:	TELEVISION							
<u> </u>	In General: In space G, identi	fy every television station (including trans	ator stations and low power television stat	tions)					
G			ations carried only on a part-time basis ur						
	5	, , , , ,	riage of certain network programs [sectior						
Primary		, (), (), (), (), (), (), (), (), (), ()	 and (4))]; and (2) certain stations carried 	d on a					
Transmitters:		xplained in the next paragraph.							
Television	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. <i>Do not</i> 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					
	I	l l		1					

Accounting Period: 2024/2 FORI								RM SA1-2E. PAGE 4.
LEGAL NAME OF OWNER OF CABLE SYSTEM:								SYSTEM ID#
TDS Broadband Service LLC								21065
	every radio stat	ion carrie	•					Н
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. 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. 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								Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	-
N/A		5/0	LOCATION OF STATION			5,0		

Accounting Period							FO	RM SA1-2E. PAGE 5.					
Nama	LEGAL NAME OF OWNER OF CA	BLE SYSTEM	:					SYSTEM ID#					
Name	TDS Broadband Service	LLC						21065					
	SUBSTITUTE CARRIAGE:				<i>ant</i> station. tha	t vour cable svs	stem carried	on a substitute					
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a subs basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of th												
	programming that must be inclu	uded in this lo	og, see page (v)	of the general instructions in	the paper SA1-	2 form.							
Carriage: Special	1. SPECIAL STATEMENT C	ONCERNI	NG SUBSTITU	TE CARRIAGE									
Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program												
Frogram Log	broadcast by a distant station?												
	Note: If your answer is "No", I	aava tha ras	t of this nade bl	ank If your answer is "Ves "	you must com	nlete the progr		× NO					
	•		t of this page bia	ank. Il your answer is Tes,	you must com	piete trie progr	am						
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS												
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is												
	clear. If you need more space, please add additional rows to the tables.												
	Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting												
	period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.												
	Do not use general categories	s like "movie	s" or "basketball	" List specific program title	s for example	"I l ove l ucv" o	lon. or						
	"NBA Basketball: 76ers vs. Bu				s, for example,	1 2010 2003 0							
	Column 2: If the program v												
	Column 3: Give the call sig						_						
	Column 4: Give the broadd the case of Mexican or Canad					y the FCC or, in	n						
	Column 5: Give the month					als, with the mo	onth						
	first. Example: for May 7 give	"5/7."											
	Column 6: State the times						tely						
	to the nearest five minutes. Ex stated as "6:00–6:30 p.m."	xample: a pr	ogram carried by	y a system from 6:01:15 p.n	n. to 6:28:30 p.	m. should be							
	Column 7: Enter the letter	"R" if the list	ed program was	substituted for programmin	a that your sys	tem was <i>requir</i>	red						
	to delete under FCC rules and												
	was substituted for programm	ing that you	r system was pe	rmitted to delete under FCC	rules and reg	ulations in							
	effect on October 19, 1976.												
		E PROGRAM	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REAS			7. REASON FOR							
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —		DELETION					
						_							
					-	+							
					-	+	-						
						<u> </u>	-						
						_							
					-	+							
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Nama									
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM				
	TDS Broadband Service LLC				210				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of he 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	i's secondary ow to comput	transmission serv	vice e \$4	60,557.21				
				() unount of g	1000 1000(ptd)				
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but les Use block 3 if the amount of gross receipts in space K is more than \$263,800 but les See page (vi) of the general instructions located in the paper SA1-2 form for more	ss than \$527,	600						
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR LI	ESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee to accounting period is \$52.00	hat you must	pay for this six-mo	nth					
	Line 1. Royalty fee for accounting period								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE)					
	1. Base amount under statutory formula								
	2. Enter amount of gross receipts from space K	· · ·							
	3. Subtract line 2 from line 1								
	Enter the amount of gross receipts from space K								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)				0.00				
					0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but le	ess than \$527,60	0)					
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26 1. Enter the amount of gross receipts from space K	3,800 (but le	460,557.21	0)					
		3,800 (but le		0)					
	1. Enter the amount of gross receipts from space K	\$	460,557.21	0)					
	1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula	<u>\$</u> \$ \$	460,557.21 263,800.00	0) - - - 1,967.57					
	1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 3. Subtract line 2 from line 1	\$ \$ \$	460,557.21 263,800.00 196,757.21	- - -					
	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	<u>\$</u> \$	460,557.21 263,800.00 196,757.21 \$	1,967.57					
	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)		460,557.21 263,800.00 196,757.21 \$ \$	1,967.57 1,319.00	3,286.57				
	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) 6. Interest charge. Enter the amount from line 4, space Q, page 8		460,557.21 263,800.00 196,757.21 \$ \$	1,967.57 1,319.00 0.00	3,286.57				
	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) 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, ar FILING FEE AND TOTAL REMITTANCE DU	\$	460,557.21 263,800.00 196,757.21 \$ \$	1,967.57 1,319.00 0.00 \$	3,286.57				
	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) 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, ar	\$	460,557.21 263,800.00 196,757.21 \$ \$	1,967.57 1,319.00 0.00	3,286.57				
	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) 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, ar FILING FEE AND TOTAL REMITTANCE DU		460,557.21 263,800.00 196,757.21 \$ \$ \$	1,967.57 1,319.00 0.00 \$	3,286.57				
	 Enter the amount of gross receipts from space K Base amount under statutory formula Subtract line 2 from line 1 Multiply line 3 by .01 Royalty due on the first \$263,800 of gross receipts (under statutory formula) Interest charge. Enter the amount from line 4, space Q, page 8 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, ar FILING FEE AND TOTAL REMITTANCE DU Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) 	\$	460,557.21 263,800.00 196,757.21 \$ \$ \$ \$ \$ \$ \$ \$	1,967.57 1,319.00 0.00 \$ 3,286.57	3,286.57 3,306.57				
iling Fee and Total Remittance Due	 Enter the amount of gross receipts from space K Base amount under statutory formula Subtract line 2 from line 1 Multiply line 3 by .01 Multiply line 3 by .01 Royalty due on the first \$263,800 of gross receipts (under statutory formula) Royalty due on the first \$263,800 of gross receipts (under statutory formula) Interest charge. Enter the amount from line 4, space Q, page 8 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, ar FILING FEE AND TOTAL REMITTANCE DU Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) Filing Fee (See the instructions for more information on filing fee calculations) 	\$	460,557.21 263,800.00 196,757.21 \$ \$ \$ \$ \$ \$ \$ \$	1,967.57 1,319.00 0.00 \$ 3,286.57 20.00					

Accounting Period: 2	024/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 21065
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. Enter the total number of channels on which the cable system carried television broadcast stations Enter the total number of activated channels Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 	s 21
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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as a 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 here 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)]	e B; or e system as identified owner of the cable system in
	Date: February 25,	2025
Privacy Act Notice:	I Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) req	uested 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.

Accounting Period: 2024/2	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
TDS Broadband Service LLC	21065
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
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	

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