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 O	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/23/2018	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Δ	l							
A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		<u> </u>						
		Persode Date Filling Period (entired), and instructions)						
		20181 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.							
			1446					
		☐ 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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in						
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CARLE SYSTEM.						
		MAILING ADDRESS OF CABLE SYSTEM:						
	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. PAC
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	TDS Broadband Service LLC	14
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil	at you list will serve as a form of system identification hereafter known
	Note: Entities and properties such as hotels, apartments, condominiums, or r	
Area	identified city.	mobile nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Estes Park	CO
Community	Larimer County	CO
	Laminer County	
Rows as Necessary		
	I .	

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

LOAL NAME OF OWNER OF CABLE STOTER

TDS Broadband Service LLC

1446

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE						
Residential:									
 Service to first set 	1,341	39.45							
 Service to additional set(s) 									
• FM radio (if separate rate)									
Motel, hotel	424	5.87-15.25							
Commercial									
Converter									
Residential	552	3.5-17							
Non-residential									
		T							

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	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	7.4-19.99	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	29.95-49.95	Burglar protection			
 Additional set(s) 	14.95-24.95	Other services:			
• FM radio (if separate rate)		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	14.95-24.95		
		Move to new address			

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1446

4. LOCATION OF STATION

TDS Broadband Service LLC

1. CALL SIGN

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

I. CALL SIGN	2. B CAST CHANNEL NUMBER	3. TIPE OF STATION	4. LOCATION OF STATION
кмдн	7.1	N	Denver, CO
KMGH-DT2	7.2	N-M	Denver, CO
KMGH-DT3	7.3	N-M	Denver, CO
KCNC	4.1	N	Denver, CO
KCNC-DT2	4.2	N-M	Denver, CO
KUSA	9.1	N	Denver, CO
KUSA-DT2	9.2	N-M	Denver, CO
KDVR	31.1	I	Denver, CO
KDVR-DT2	31.2	I-M	Denver, CO
KDVR-DT3	31.3	I-M	Denver, CO
KRMA	6.1	E	Denver, CO
КРХС	59.1	I	Aurora, CO
KDEN	25.1	I	Centennial, CO
KDEN-DT2	25.2	I-M	Denver, CO
KWGN	2.1	I	Denver, CO
KWGN-DT2	2.2	I-M	Denver, CO
KWGN-DT3	2.3	I-M	Denver, CO
KWGN-DT4	2.4	I-M	Denver, CO
KTVD	20.1	I	Denver, CO
KTVD-DT2	20.2	I-M	Denver, CO
KPJR	38.1	I	Westminster, CO
KPJR-DT2	38.2	I-M	Westminster, CO
KPJR-DT3	38.3	I-M	Westminster, CO
коск	39	I	Cheyenne, WY

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period:	2018/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM ID#
Name	TDS Broadband Ser	vice LLC		1446
	PRIMARY TRANSMITTERS	: TELEVISION		
Primary Transmitters: Television	carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis,	dentify every television station (including em during the accounting period, except is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	(1) stations carried only on a part-time carriage of certain network program 1(e)(2) and (4))]; and (2) certain station	ne basis under ns [sections ons carried on a
relevision	basis under specific FCC	rules, regulations, or authorizations: ere in space G—but do list it in space I (the		, •
	basis. For further informal Column 1: List each statis multicast stream associate "WETA-2" as the same or Column 2: Give the chan of license. For example, Column 3: Indicate in each educational station, by en (for independent multicast For the meaning of these Column 4: Give the locat	I also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination ped with a station according to its over-then the form. In the tele In the general instrution of each station. For U.S. stations, list adian stations, if any, give the name of the concerning the stations.	see page (v) of the general instruction or or gram services such as HBO, ESPN teair designation. For example, report vision station for broadcasting over the station, an independent station, or a nafor network multicast), "!" (for independent station, or an independent station, an independent station, in the paper SA1-2 form.	ns. I, etc. Identify each multistream e air in its community concommercial ident), "I-M" nal multicast). licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

1446

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.

Н

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							
IN/A	 	 					
	 	 					
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Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYST	ГЕМ:					SYSTEM ID#			
Name	TDS Broadband Service	e LLC						1446			
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identification in the acceptant of the programming the acceptant of the programming in the programming	y every nor ecounting pe	nnetwork televis eriod, under spe	ion program, broadcast becific present and former F	by a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	For a further			
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and											
Program Log	_						YES				
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complet	te the progra	m			
	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 like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.										
					II WH	EN SUBST	TITUTE				
	SI	JBSTITUT	E PROGRAM	I		IAGE OCC		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. FROM	TIMES — TO	DELETION			
							_				
								"			
							_				
							_				
							_				
								"			
							_				
							_				
							-=				

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
	TDS Broadband Service LLC				1446
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanal 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	system's s tion of how	econdary trans to compute this	mission servi s amount, see \$ 51	ce
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	,	. ,		
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and 2		· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	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				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	' and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	513,331.62		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	249,531.62		
	4. Multiply line 3 by .01		\$	2,495.32	
	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 .		\$	3,814.32
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,814.32	
Due	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			\$	3,834.32
	Important: Your remittance must be in the form of an electronic pays See page i of the general instructions in the paper SA1		_		ghts!

2018/1																						FOF	RM SA	I-2E.	PAG	E 7
																							S	YST		ID# 446
to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable systems.	the cable system's tot of channels on which to broadcast stations of activated channels am carried television b	the cable	nber ble 	er of	of ac	ns	ed c	hann	els du	ring t	the ad		ınting	g peri	od.		ons]
			ORM	RMA	IATIO	ON I	S NE	EDE	D (Ide	entify	an in	divid	dual	to wh	iom											
Name Pegg	y Smykal														-	Геlерһ	none	(80	2) 48	35-9	748					
(Number,	street, rural route, apartme		uite n	te nur	numbe	er)																				
Email		com.con	om	n								" Fa	ax (d	option	nal)											
Owner other th (Agent of owne in line 1 of s X (Officer or part in line 1 of s I have examined the state are true, complete, and cor	r other than corporation or par r other than corporation pace B and that the owner) I am an officer (if a pace B. ment of account and he rect to the best of my knows (986)]	e, but only rtnership ion or pa vner is not a corpora ereby dec knowledge X Enter an o Enter sign	nly on nip) I partin not a pration declar lige, in election in ele	y one y one y one y one y one (S/S/ elect natur At	am ti aersh corp n) or ss/ A ctron ure u	of the online in the online in a particular and in the sign is sign.	am ti on or artner enalin, and nda man "/	of the dupartr (if a partr de	e cable ly autility a	e systemorizes; or reship; at all see	ed age of the statem made	s idea	of the gal er soft factors of the soft factors	owner	dentiine 1	of spa	ace B; ble sy	stem				n				
	LEGAL NAME OF OWNER O TDS Broadband Service CHANNELS Instructions: You must get to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number on which the cable system and nonbroadcast service INDIVIDUAL TO BE CON We can contact about this Name Pegg Address 24 De (Number, North (City, town) Email CERTIFICATION (This state of the undersigned, hereby (Owner other the in line 1 of some in line	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to 1. Enter the total number of channels on which system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television I and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHI we can contact about this statement of account Name Peggy Smykal Address 24 Depot Square, Unit (Number, street, rural route, apartn Northfield, VT 05663 (City, town, state, zip) Email finance@tdstele CERTIFICATION (This statement of account must in line 1 of space B and that the own (Owner other than corporation or path in line 1 of space B. I have examined the statement of account and heare true, complete, and correct to the best of my in [18 U.S.C., Section 1001(1986)] Typed or printed Title: (Title of of	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of chann to its subscribers, and (2) the cable system's total num 1. Enter the total number of channels on which the cal system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total numb. 1. Enter the total number of channels on which the cable system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of channels or to its subscribers, and (2) the cable system's total number. 1. Enter the total number of channels on which the cable system carried television broadcast stations	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of channels on white to its subscribers, and (2) the cable system's total number of activated 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 station and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATI we can contact about this statement of account.) Name Peggy Smykal Address 24 Depot Square, Unit 2 (Number, steet, ural route, apartment, or suite number Northfield, VT 05663 (City, town, state, zip) Email finance@tdstelecom.com CERTIFICATION (This statement of account must be certified at the undersigned, hereby certify that (Check one, but only one, or one) (Owner other than corporation or partnership) I am to the composition of partnership in line 1 of space B and that the owner is not a corporation in line 1 of space B. I have examined the statement of account and hereby declare un are true, complete, and correct to the best of my knowledge, inform [18 U.S.C., Section 1001(1986)] Typed or printed name: Ametrical Position held in the composition held in the c	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of activate to its subscribers, and (2) the cable system's total number of activate 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. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION If we can contact about this statement of account.) Name Peggy Smykal 24 Depot Square, Unit 2 (Number, street, rural route, apartment, or suite number) Northfield, VT 05663 (City, town, state, zip) Email finance@tdstelecom.com CERTIFICATION (This statement of account must be certified and signature in the context of th	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 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 INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NE we can contact about this statement of account.) Name Peggy Smykal 24 Depot Square, Unit 2 (Number, street, rural route, apartment, or suite number) Northfield, VT 05663 (City, town, state, zip) Email finance@tdstelecom.com CERTIFICATION (This statement of account must be certified and signed in line 1 of space B and that the owner is not a corporation or partnership) I am the owner in line 1 of space B. I have examined the statement of account and hereby declare under penalt are true, complete, and correct to the best of my knowledge, information, an [18 U.S.C., Section 1001(1986)] X /s/ Amanda Enter an electronic signature using an "/ Typed or printed name: Amanda K. Title: Assistant Treasure (Title of official position held in corporation (Title of official position held in corporation)	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable s to its subscribers, and (2) the cable system's total number of activated channel. 1. 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Mo Title: Assistant Treasurer (Title of official position held in corporation or progration or progration or progration or progration held in corporation or progration o	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels due to its subscribers, and (2) the cable system's total number of activated channels on which the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Ide we can contact about this statement of account.) 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Moore	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried to its subscribers, and (2) the cable system's total number of activated channels during the at 1. Enter the total number of channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an in we can contact about this statement of account.) Name Peggy Smykal Address 24 Depot Square, Unit 2 (Number, street, rural route, apartment, or suite number) Northfield, VT 05663 (City, town, state, zip) Email finance@tdstelecom.com CERTIFICATION (This statement of account must be certified and signed in accordance with 0 or 1, 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 in line 1 of space B and that the owner is not a corporation or partnership, or (Officer or partnership, or apartnership, or 1 have examined the statement of account and hereby declare under penalty of law that all statemer true, complete, and correct to the best of my knowledge, information, and belief, and are made (18 U.S.C., Section 1001(1986)) X /s/ Amanda K. Moore Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/ Typed or printed name: Amanda K. Moore	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried telever to its subscribers, and (2) the cable system's total number of activated channels during the account. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. 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(Owner other than corporation or partnership) I am the owner of the cable system as ide 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 leg in line 1 of space B. 1 have examined the statement of account and hereby declare under penalty of law that all statement are true, complete, and correct to the best of my knowledge, information, and belief, and are made in g [18 U.S.C., Section 1001(1986)] X / S/ Amanda K. Moore Enter an electronic signature on the line above to cert Enter signature using an "/s/ signature" (e.g., /s/ John Typed or printed name: Amanda K. Moore	LEGAL NAME OF OWNER OF CABLE SYSTEM: TOS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television to its subscribers, and (2) the cable system's total number of activated channels during the accounting 1. 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(Owner other than corporation or partnership) I am the duly authorized agent of the 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 et 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 et in line 1 of space B and that the owner is not a corporation, and belief, and are made in good [18 U.S.C., Section 1001(1986)) Amanda K. Moore Typed or printed name: Amanda K. Moore	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broad to its subscribers, and (2) the cable system's total number of activated channels during the accounting period to its subscribers, and (2) the cable system's total number of activated channels during the accounting period is subscribers, and (2) 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 INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whise can contact about this statement of account.) 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Moore Enter an electronic signature on the line above to certify this statement use, 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)]	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcas 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. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) 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(Owner other than corporation or partnership) I am 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) am an officer (if a corporation) or a partner of the partnership; of the logal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; of the logal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; of the logal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; of the logal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; of the logal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; of the logal entity identified as in line 1 of space B and that the owner is not a corporation or partnership; of the logal entity identified as in line 1 of	LEGAL NAME OF OWNER OF CABLE SYSTEM TDS Broadband Service LLC 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. 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(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 in line 1 of space B and that the owner is not a copporation or partnership) of the legal entity identified as owner in line 1 of space B and that the owner is not a copporation or partnership) of the legal entity identified as owner 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 see too, complete, and cornect to the best of my knowledge, information, and belief, and are made in good faith. Typed or printed Inter 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 Amanda K. Moore Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature"	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC 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. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Peggy Smykal Telephone (80: Address 24 Depot Square, Unit 2 (Number, street, rual rode, apartment or suite number) Northfield, VT 05663 (City, trom, state, zer) Email finance@ldstelecom.com Fax (optional) **I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partmership) I am the owner of the cable system as identified in line 1 of space B. or (Agent of owner other than corporation or partmership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partmership; or X (Officer or partner) I am an officer (if a corporation) or a partnership; or In line 1 of space B. and that the owner is not a corporation or partmership; or X (Officer or partner) I am an officer (if a corporation) or a partnership; or the legal entity identified as owner of in line 1 of space B. and that the owner is not a corporation or partmership; or X (Officer or partner) I am an officer (if a corporation) or a partnership; or the legal entity identified as owner of in line 1 of space B. and that the owner is not a corporation or partmership; 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 in line 1 of space B. * I have e	LEGAL NAME OF OWNER OF CABLE SYSTEM TDS Broadband Service LLC 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. 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(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a coporation or partnership; or X (Officer or partners) Is an an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system as identified and are made in good faith. *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. *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. *I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC 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 systems total number of activated channels during the accounting period. 1. 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Name Peggy Smykal Address 24 Depot Square, Unit 2 (Issumer street, rura rote, apartment, or sufer number) Northfield, YT 05663 (It's tone, stills, the proposition of partments) Email finance@tidstelecom.com Fax (optional) Fax (optional) Fax (optional) Fax (optional) Fax (optional) Fax (optional) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space 8; or (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified as owner of the cable	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC 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 systems on which the cable systems carried television broadcast stations. 1. 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(harmine theat, runs roots, agenteen or substruction) Northfield, VT 05663 City, runs, sale, 20) Email Innance@idstelecom.com Fak (optional) 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 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 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 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 c	ECAL NAME OF CONNER OF CARLE SYSTEM TOS Broadband Service LLC 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 told number of activated channels during the accounting period. 1. 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Name Peggy, Smykal Telephone (802), 485-9748 Address 24 Depot Square, Unit 2 ***Controlled VI Dep	ECAN NAME OF CONNER OF CASE EXPERIENT TOS Broadband Service LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its susceptions, and (2) the cable system's total number of activated channels during the accounting period. 1. Either the total number of channels on which the cable system carried television broadcast stations. 2. Either 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 inchinostical structions. 2. Either the total number of activated channels on which the cable system carried television broadcast stations and inchinostical structions. 2. 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(Officer or partnership) that no owner of the cable system as identified in line 1 of space 8; or 3. (Officer or partnership) that no owner of the cable system as identified in line 1 of space 8; or 3. (Officer or partnership) that no owner of the cable system as identified as owner of the cable system as identified i

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 the 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 telephon 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 search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
DS Broadband Service LLC	1446
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."	P 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
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here × 0.00274	_
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	_
 (interest charge) * 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@loc.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.