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

Return completed workbook

STATEME	INT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instruc	<i>ms (Short Form)</i> ctions are located of this workbook	08/19/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY	YY/(Period))	
	2019/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20191	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
В	of the subsidiary, not that of the parent co	-	liary of another corporation, give the full cor	porate title
Owner	List any other name or names under which	n the owner conducts the business of th	e cable system.	
	If there were different owners during the a single statement of account and royalty fe		ne last day of the accounting period should sing period.	ubmit a
	Check here if this is the system's first filing	. If not, enter the system's ID number a	issigned by the Licensing Division.	25263
	LEGAL NAME OF OWNER/MAILING	GADDRESS 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		
	(Number, street, rural route, apartment, or suite no	umber)		
	Madison, WI 53717-2152 (City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any busin names already appear in space B. In line 2			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 (Number, street, rural route, apartment, or suite n	umber)		
	(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service LLC	25263
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor	ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single,
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	
Served		
First	CITY OR TOWN TABLE MOUNTAIN	STATE CO
Community	ARVADA	CO
<b>,</b>	JEFFERSON COUNTY	CO
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							A1-2E. PAC
Name	TDS Broadband Service	e LLC							252
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCR	BERS AND R	ATES				
E	In General: The information in s	space E should	cover	all categories o	fsecondar	y transmission	service of	the cable	
	system, that is, the retransmissi								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period						those exist	ting on the	
Service: Sub-	Number of Subscribers: Bot	<b>`</b>		,	,	,	ble svstem	ı. broken	
scribers and	down by categories of secondar	•					2		
Rates	each category by counting the n		-	•••		•		charged	
	separately for the particular server Rate: Give the standard rate of							no and the	
	unit in which it is generally billed	•						-	
	category, but do not include disc				any standa		is within a		
	Block 1: In the left-hand block			-		•			
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			•		0			
	subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	•							
	printed in block 1 (for example, t						,.		
	with the number of subscribers a sufficient.	and rates, in the	e right-	hand block. A t	NO- or thre	e-word descript	ion of the	service is	
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	B RAT
	Residential:	COBCOND		TUTE	0/11		WICE	CODOCINIDEIN	
	Service to first set		928	\$35.70/Mo.					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		366	\$5.95/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS	SSIONS: RATE	S				•
F	In General: Space F calls for ra								
Г	not covered in space E, that is, the								
Services	service for a single fee. There a furnished at cost or (2) services	•			•		• •	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		-	-		-		-	
•		te charged by t		le svstem for e				wara nat	
ransmissions:	Block 1: Give the standard ra	t your ooblo oy			od during	the econumting	noriad that	were not	
ransmissions: Rates	Block 2: List any services that			rnished or offe				e form of a	
		separate charg	ge was	rnished or offe made or establ				e form of a	
	<b>Block 2:</b> List any services tha listed in block 1 and for which a	separate charg	ge was de the r	rnished or offe made or establ					
	<b>Block 2:</b> List any services tha listed in block 1 and for which a	separate charg ption and includ BLO(	ge was de the r CK 1	rnished or offe made or establ	ished. List		vices in the	e form of a BLOCK 2 DRY OF SERVIC	E RA1
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	separate charg ption and includ BLO( RATE	ge was de the r CK 1 CATE	rnished or offer made or establ rate for each.	VICE	these other ser	vices in the	BLOCK 2	E RA1
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg ption and includ BLO( RATE	ge was de the r CK 1 CATE( Install	rnished or offer made or establ rate for each. GORY OF SER	VICE	these other ser	vices in the	BLOCK 2	E RA1
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charg ption and includ BLO( RATE	ge was de the r CK 1 CATE0 Install • Mo	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res	VICE	these other ser	vices in the	BLOCK 2	E RAT
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg ption and includ BLO( RATE	ge was de the r CK 1 CATEC Install • Mc • Co	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res otel, hotel	VICE	RATE	vices in the	BLOCK 2	E RA1
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charg ption and includ BLO( RATE	de was de the r CK 1 CATE Install • Mo • Co • Pa	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res otel, hotel mmercial	VICE idential	RATE	vices in the	BLOCK 2	E RA1
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charg ption and includ BLO( RATE	ge was de the r CK 1 CATE( Install • Mo • Co • Pa • Pa	rrnished or offer made or establ rate for each. GORY OF SER <b>ation: Non-res</b> otel, hotel mmercial y cable	VICE idential	RATE	vices in the	BLOCK 2	E RAT
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	separate charg ption and includ BLO( RATE	ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fir	rmished or offer made or establ rate for each. GORY OF SER <b>ation: Non-res</b> otel, hotel mmercial y cable y cable-add'l cl	VICE idential	RATE	vices in the	BLOCK 2	ERAT
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate charg ption and inclus BLO0 RATE \$7.40-\$19.99	ge was de the r CK 1 CATEC Install • Mc • Co • Pa • Pa • Fin • Bu	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable y cable-add'l cl e protection rglar protection	VICE idential	RATE	vices in the	BLOCK 2	ERAT
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	separate charg ption and inclue BLO( RATE \$7.40-\$19.99 \$0-\$49.95	ge was de the r CK 1 CATE( Install • Mo • Co • Pa • Pa • Fir • Bu Other	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable y cable-add'l cl e protection rglar protection	VICE idential	RATE	vices in the	BLOCK 2	ERAT
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	separate charg ption and inclue BLO( RATE \$7.40-\$19.99 \$0-\$49.95	ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fir • Bu Other • Re	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services:	VICE idential	RATE \$0-\$99.95	vices in the	BLOCK 2	ERAT
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg ption and inclue BLO( RATE \$7.40-\$19.99 \$0-\$49.95	ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu Other • Re • Dis	rnished or offer made or establ rate for each. GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	VICE idential	RATE \$0-\$99.95	vices in the	BLOCK 2	E RA1

Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	TDS Broadband Serv	/ice LLC		28
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	lentify every television station (including tr em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the	(1) stations carried only on a part-	-time basis under
Primary	76.59(d)(2) and (4), 76.61(	(e)(2) and (4), or 76.63 (referring to 76.61		•
ransmitters: Television	Substitute Basis Stations	as explained in the next paragraph. <b>s:</b> With respect to any distant stations car	rried by your cable system on a su	ubstitute program
	basis under specific FCC r	rules, regulations, or authorizations: re in space G—but do list it in space I (the		
	station was carried only or	n a substitute basis.		
		also in space I, if the station was carried ion concerning substitute basis stations, s		
	Column 1: List each statio	on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	rogram services such as HBO, ES	PN, etc. Identify each
	"WETA-2" as the same on	the form.	<b>C</b>	
		nel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C.	vision station for broadcasting over	r the air in its community
	Column 3: Indicate in eacl	h case whether the station is a network s	•	
		tering the letter "N" (for network), "N-M" (for ), "E" (for noncommercial educational), or		
	For the meaning of these t	terms, see page (iv) of the general instruction of each station. For U.S. stations, list t	ctions in the paper SA1-2 form.	
		adian stations, if any, give the name of the	•	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE 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
	ксис	4.1	Ν	Denver, CO
d Rows as Necessary	KCNC-DT2	4.2	N-M	Denver, CO
	KUSA	9.1	Ν	Denver, CO
	KUSA-DT2	9.2	N-M	Denver, CO
	KDVR	31.1	1	Denver, CO
	KDVR-DT2	31.2	I-M	Denver, CO
		5112		
	KDVR-DT3	31.3	I-M	Denver, CO
	KDVR-DT3 KRMA		I-M E	Denver, CO Denver, CO
	-	31.3		
	KRMA	31.3 6.1		Denver, CO
	KRMA KPXC	31.3 6.1 59.1		Denver, CO Aurora, CO
	KRMA KPXC KCEC	31.3       6.1       59.1       50.1	E I I	Denver, CO Aurora, CO Denver, CO
	KRMA KPXC KCEC KCEC-DT2	31.3       6.1       59.1       50.1       50.2	E I I	Denver, CO Aurora, CO Denver, CO Denver, CO
	KRMA KPXC KCEC KCEC-DT2 KDEN	31.3       6.1       59.1       50.1       50.2       25.1	E I I I-M I	Denver, CO Aurora, CO Denver, CO Denver, CO Centennial, CO
	KRMA KPXC KCEC KCEC-DT2 KDEN KDEN-DT2	31.3       6.1       59.1       50.1       50.2       25.1       25.2	E I I I-M I-M	Denver, CO Aurora, CO Denver, CO Denver, CO Centennial, CO Denver, CO
	KRMA KPXC KCEC KCEC-DT2 KDEN KDEN-DT2 KWGN	31.3       6.1       59.1       50.1       50.2       25.1       25.2       2.1	E I I I-M I-M I I	Denver, CO Aurora, CO Denver, CO Denver, CO Centennial, CO Denver, CO Denver, CO
	KRMA KPXC KCEC KCEC-DT2 KDEN KDEN-DT2 KWGN	31.3       6.1       59.1       50.1       50.2       25.1       25.2       2.1       2.2	E I I I-M I-M I I-M	Denver, CO Aurora, CO Denver, CO Denver, CO Centennial, CO Denver, CO Denver, CO Denver, CO
	KRMA KPXC KCEC KCEC-DT2 KDEN KDEN-DT2 KWGN KWGN-DT2 KWGN-DT3	31.3       6.1       59.1       50.1       50.2       25.1       25.2       2.1       2.2       2.3	E I I I-M I-M I I-M I I-M	Denver, CO Aurora, CO Denver, CO Denver, CO Centennial, CO Denver, CO Denver, CO Denver, CO Denver, CO
	KRMA KPXC KCEC KCEC-DT2 KDEN KDEN-DT2 KWGN KWGN-DT2 KWGN-DT3 KWGN-DT4	31.3         6.1         59.1         50.1         50.2         25.1         25.2         2.1         2.2         2.3         2.4	E I I I-M I-M I I-M I I-M	Denver, CO Aurora, CO Denver, CO Denver, CO Centennial, CO Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO
	KRMA KPXC KCEC KCEC-DT2 KDEN KDEN-DT2 KWGN-DT2 KWGN-DT2 KWGN-DT3 KWGN-DT4 KTVD	31.3         6.1         59.1         50.1         50.2         25.1         25.2         2.1         2.2         2.3         2.4         20.1	E I I I-M I-M I I-M I-M I-M I-M I-M	Denver, CO Aurora, CO Denver, CO Denver, CO Centennial, CO Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO Denver, CO

Nama	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
Name	TDS Broadband Ser	vice LLC		25
	PRIMARY TRANSMITTERS	: TELEVISION		
G Primary ransmitters: Television	carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Station</b> basis under specific FCC • Do <i>not</i> list the station here station was carried <i>only</i> o • List the station here, and basis. For further informat <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same or <b>Column 2:</b> Give the chan of license. For example, M <b>Column 3:</b> Indicate in each educational station, by em (for independent multicast For the meaning of these <b>Column 4:</b> Give the location	d also in space I, if the station was carried tion concerning substitute basis stations, ion's call sign. <i>Do not</i> report origination p red with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial education totions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KRMT	41.1	1	Arvada, CO
	KPJR	38.1	1	Westminster, CO
	KPJR-DT2	38.2	I-M	Westminster, CO
	KPJR-DT3	38.3	I-M	Westminster, CO
	KI SI C BIS			Westminster, eo
	ксро	28.1	1	Aurora, CO
		28.1 53.1	 	
	KCDO		   	Aurora, CO
	KCDO KETD	53.1	     	Aurora, CO Denver, CO
	KCDO KETD	53.1	   	Aurora, CO Denver, CO
	KCDO KETD	53.1	     	Aurora, CO Denver, CO
	KCDO KETD	53.1	     	Aurora, CO Denver, CO
	KCDO KETD	53.1		Aurora, CO Denver, CO
	KCDO KETD	53.1	     	Aurora, CO Denver, CO
	KCDO KETD	53.1		Aurora, CO Denver, CO
	KCDO KETD	53.1		Aurora, CO Denver, CO
	KCDO KETD	53.1		Aurora, CO Denver, CO
	KCDO KETD	53.1		Aurora, CO Denver, CO
	KCDO KETD	53.1		Aurora, CO Denver, CO
	KCDO KETD	53.1		Aurora, CO Denver, CO
	KCDO KETD	53.1		Aurora, CO Denver, CO
	KCDO KETD	53.1		Aurora, CO Denver, CO
	KCDO KETD	53.1		Aurora, CO Denver, CO

LEGAL NAME OF			ISIEM:					SYSTEM   252
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
ecceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recei it the Cc I sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante this point, see par red by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral in eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
N/A								
						·	·	
						·		
						·		

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	TDS Broadband Servi	ce LLC						25263
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	DG			
	In General: In space I, ident	ifv everv no	nnetwork telev	<i>ision program.</i> broadcast b	v a <i>distant</i> sta	ition. that vo	our cable svs	tem carried on a
	substitute basis during the a	iccounting p	eriod, under sp	pecific present and former l	CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general in	structions in	the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any noni	network tele	evision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	". leave the	rest of this pa	age blank. If vour answer i	is "Yes." vou i	must compl	ete the proc	
	log in block 2.	,		.g	, <b>,</b>		p ç	<b>5</b>
	2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	neir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitut				
	under certain FCC rules, re							
	Do not use general catego	ries like "mo						
	"NBA Basketball: 76ers vs.		depet live ant	ar "Vaa " Othanuiga antar	"No."			
				er "Yes." Otherwise enter asting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (	the community to which the	ne station is li		the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		wnen your sy	stem carried the substitut	e program. U	se numerai	s, with the r	nonth
			e substitute pr	ogram was carried by you	ır cable syste	m. List the	times accur	ately
	to the nearest five minutes.							-
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	ramming that	t vour evete	m was roou	ured
	to delete under FCC rules							
	was substituted for program	nming that						5
	effect on October 19, 1976							
					WHE	N SUBSTI	TUTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
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Accounting Period:	2019/1		FORM S	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		9	SYSTEM ID#
Name	TDS Broadband Service LLC			25263
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary transm to compute this a	ission service amount, see \$ 2	
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 less th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more information	han \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	you must pay for	this six-mon	
	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 LESS (but n	nore than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K			
	5. Enter the amount from line 3			
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	t less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	274,012.92		
	2. Base amount under statutory formula \$	263,800.00		
	3. Subtract line 2 from line 1	10,212.92		
	4. Multiply line 3 by .01		102.13	
	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		\$	1,421.13
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	1,421.13	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<b>\$</b>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,441.13
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form f	-		ghts!

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: and Service LLC	SYSTEM ID# 25263
<b>M</b> Channels	<ol> <li>to its subscribe</li> <li>Enter the tot system carrie</li> <li>Enter the tol on which the</li> </ol>	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	31 330
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Stephanie Weber Telephone (608)	667-4721
	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	I, the undersig     (Own     (Age     i     X     (Off     i     I have examin     are true, compl	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. red the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] X /s/ Amanda K. Moore 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:       Amanda K. Moore         Title:       Assistant Treasurer (Title of official position held in corporation or partnership)         Date:       August 19, 2019	

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

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
S Broadband Service LLC	2520
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     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 Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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