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 COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	08/25/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
20201 Barcode Data Filing Period (optional - see instructions)	
Accounting	
Period	
Instructions:	
B Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner List any other name or names under which the owner conducts the business of the cable system.	
If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
TDS Broadband Service LLC	
BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
Baja Broadband	
MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
525 Junction Rd. (Number, street, rural route, apartment, or suite number)	
Madison, WI 53717-2152	
(City, town, state, zip)	
<b>C INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System 1 IDENTIFICATION OF CABLE SYSTEM:	
MAILING ADDRESS OF CABLE SYSTEM:	
2 (Number, street, rural route, apartment, or suite number)	
(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#
_	TDS Broadband Service LLC Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hi identified city.	ome parks should be reported in parentheses below the
First	CITY OR TOWN Lovington	STATE NM
Community	Lea County	NM
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	TDS Broadband Service							010	1004
		, 220							
Е	SECONDARY TRANSMISSION		-	-	-				
<b>-</b>	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecember 3	1, as the case	e may be)			-	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the n								
	separately for the particular serv							ond god	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				/ standar	d rate variation	s within a p	particular rate	
	Block 1: In the left-hand block				s of seco	ndary transmis	sion servic	e that cable	
	systems most commonly provide	e to their subsc	ribers. Give	the number	of subscr	ibers and rate	for each lis	ted category	
	that applies to your system. Note								
	categories, that person or entity 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, the subscribers of								
	with the number of subscribers a sufficient.	and rates, in the	e nym-nand		- or three	-word descript		ervice is	
	BLC	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	GORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:		2.10		0,112				
	Service to first set		526	25.00					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel		18 \$9.3	4-\$13.33					
	Commercial								
	Converter								
	Residential		484 \$	5.95/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIC	NS: RATES					
E	In General: Space F calls for rat	•	,						
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the				<b>c</b>				
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a								
		otion and includ	le the rate f	or each					
	brief (two- or three-word) descrip			or outin.					
	brief (two- or three-word) descrip	BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE		CATEGOR	RY OF SERV		RATE	CATEG	DRY OF SERVICE	RAT
	CATEGORY OF SERVICE Continuing Services:	BLO RATE	CATEGOF	RY OF SERV n: Non-resid		RATE	CATEG		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLO	CATEGOF Installatio • Motel,	RY OF SERV <b>n: Non-resic</b> hotel			CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLO RATE	CATEGOF Installatio • Motel, • Comm	RY OF SERV <b>n: Non-resic</b> hotel ercial		RATE \$0 - \$99.95	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLO RATE	CATEGOF Installatio • Motel, • Comm • Pay ca	RY OF SERV n: Non-resic hotel ercial ble	ential		CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLO RATE	CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca	RY OF SERV n: Non-resic hotel ercial ble ble-add'l cha	ential		CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLO RATE 7.40-19.99	CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr	RY OF SERV n: Non-resic hotel ercial ble ble-add'l cha otection	ential		CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO RATE 7.40-19.99 0-49.95	CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla	RY OF SERV n: Non-resid hotel ercial ble ble-add'l cha otection r protection	ential		CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLO RATE 7.40-19.99	CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser	RY OF SERV n: Non-resic hotel ercial ble ble-add'l cha otection r protection vices:	ential	\$0 - \$99.95	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLO RATE 7.40-19.99 0-49.95	CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla	RY OF SERV n: Non-resid hotel ercial ble ble-add'l cha otection r protection <b>vices:</b> nect	ential				RAT
	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)	BLO RATE 7.40-19.99 0-49.95	CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other ser • Recon • Discor	RY OF SERV n: Non-resid hotel ercial ble ble-add'l cha otection r protection <b>vices:</b> nect	ential	\$0 - \$99.95			RAT

Name				SYSTEM
	TDS Broadband Serv	vice LLC		10
·	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio	also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc- ogram services such as HBO, ES	t-time basis under grams [sections tations carried on a ubstitute program n Log)—if the lso on some other ctions. SPN, etc. Identify each
	"WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	ed with a station according to its over-the- the form. lel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network si ering the letter "N" (for network), "N-M" (fo ), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list the adian stations, if any, give the name of the	rision station for broadcasting ove tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	er the air in its community r a noncommercial opendent), "I-M" ational multicast). n is licensed by the
I	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
I	ΚΟΑΤ	7.1	N	Albuquerque, NM
		7.0	NI 84	
	KOAT-DT2	7.2	N-M	Albuquerque, NM
	KOAT-DT2 KOAT-DT3	7.2	N-M	Albuquerque, NM Albuquerque, NM
Rows as Necessary				
Rows as Necessary	KOAT-DT3	7.3	N-M	Albuquerque, NM
Rows as Necessary	KOAT-DT3 KBIM	7.3 10.1	N-M N	Albuquerque, NM Roswell, NM
Rows as Necessary	KOAT-DT3 KBIM KBIM-DT2	7.3 10.1 10.2	N-M N N-M	Albuquerque, NM Roswell, NM Roswell, NM
Rows as Necessary	KOAT-DT3 KBIM KBIM-DT2 KOBR	7.3 10.1 10.2 4.1	N-M N N-M N	Albuquerque, NM Roswell, NM Roswell, NM Roswell, NM
Rows as Necessary	KOAT-DT3 KBIM KBIM-DT2 KOBR KOBR-DT2	7.3 10.1 10.2 4.1 4.2	N-M N N-M N	Albuquerque, NM Roswell, NM Roswell, NM Roswell, NM Roswell, NM
Rows as Necessary	KOAT-DT3 KBIM KBIM-DT2 KOBR KOBR-DT2 KLUZ	7.3 10.1 10.2 4.1 4.2 14.1	N-M N N-M N	Albuquerque, NM Roswell, NM Roswell, NM Roswell, NM Roswell, NM Albuquerque, NM
Rows as Necessary	KOAT-DT3 KBIM KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT	7.3 10.1 10.2 4.1 4.2 14.1 29.1	N-M N N-M N N-M I I I	Albuquerque, NM Roswell, NM Roswell, NM Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM
Rows as Necessary	KOAT-DT3 KBIM KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT KUPT-DT2	7.3 10.1 10.2 4.1 4.2 14.1 29.1 29.2	N-M N N-M N N-M I I I	Albuquerque, NM Roswell, NM Roswell, NM Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Hobbs, NM
Rows as Necessary	KOAT-DT3 KBIM KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT KUPT-DT2 KTEL	7.3 10.1 10.2 4.1 4.2 14.1 29.1 29.2 15.1	N-M N N-M N N-M I I I	Albuquerque, NM Roswell, NM Roswell, NM Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Hobbs, NM Hobbs, NM
Rows as Necessary	KOAT-DT3 KBIM KBIM-DT2 KOBR KOBR-DT2 KLUZ KLUZ KUPT KUPT-DT2 KTEL KRTN	7.3         10.1         10.2         4.1         4.2         14.1         29.1         29.2         15.1         29.3	N-M N N-M N N-M I I I	Albuquerque, NM         Roswell, NM         Roswell, NM         Roswell, NM         Albuquerque, NM         Albuquerque, NM         Hobbs, NM         Hobbs, NM         Albuquerque, NM
Rows as Necessary	KOAT-DT3 KBIM KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT KUPT-DT2 KTEL KRTN KASA	7.3 10.1 10.2 4.1 4.2 14.1 29.1 29.2 15.1 29.3 2.1	N-M N N-M N-M 1 1 1 1 1 1 1 1 1 1 1 1 1	Albuquerque, NM         Roswell, NM         Roswell, NM         Roswell, NM         Albuquerque, NM         Hobbs, NM         Hobbs, NM         Albuquerque, NM         Santa Fe, NM
Rows as Necessary	KOAT-DT3 KBIM KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT KUPT-DT2 KTEL KRTN KASA K42FX-D	7.3         10.1         10.2         4.1         4.2         14.1         29.1         29.2         15.1         29.3         2.1         42.1	N-M N N-M N-M 1 1 1 1 1 1 1 1 1 1 1 1 1	Albuquerque, NM         Roswell, NM         Roswell, NM         Roswell, NM         Albuquerque, NM         Hobbs, NM         Hobbs, NM         Albuquerque, NM         Hobbs, NM

	l: 2020/1			FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEN
Indille	TDS Broadband Servi	ice LLC		10
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	ot (1) stations carried only on a part-tir	me basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as	e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca	61(e)(2) and (4))]; and (2) certain stati	ons carried on a
	basis under specific FCC ru	ules, regulations, or authorizations: re in space G—but do list it in space I (th		
	basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	also in space I, if the station was carried on concerning substitute basis stations, in's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. lel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. In case whether the station is a network sering the letter "N" (for network), "N-M" ( i, "E" (for noncommercial educational), c erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of the	, see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a function (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	

	EGAL NAME OF			/STEM:					SYSTEM II 100
receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected,       Transmittee         on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.       Radio         For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the.       Radio         Soper SA1-2 form.       Column 1: Identify the call sign of each station carried.       Rolumn 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 identified).       Mexican or Canadian stations, if any, the community with which the station is identified).	n General: List	every radio s	station ca	arried on a separate and disc					Н
	eccivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	stem whenever it is received ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which t	at the system's he system's FM ant this point, see pa sed by the cable s the station is licen	eadend, and (2 enna, during c ige (v) of the c system as a so sed by the FC	2) it can œrtain st general i 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	
	// <b>\</b>								
Number of the sectorNumber of the sectorN									
Image: Section of the section of th									
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Image: state s									

Accounting Perio							FO	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
Name	TDS Broadband Servio	ce LLC						10041
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEMEI	NT AND PROGRAM LOO	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	iccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or a	authorizations	s. For a further
Carriage:	1. SPECIAL STATEMEN				<u>g</u>			
Special	<ul> <li>During the accounting per</li> </ul>				s, any nonne	twork telev	ision progra	ım
Statement and Program Log	broadcast by a distant sta	tion?	-	-	-		YES	XNO
Flogram Log	<b>Note:</b> If your answer is "No		rest of this pag	e blank. If your answer is "		ist comple		
	2	, leave life	rest of this pag	e blatik. Il your allswel is	res, you mu	ist comple	te the progra	
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subsiciear. If you need more spa	titute progra	im on a separa	te line. Use abbreviations v	wherever pos	sible, if the	eir meaning	is
				sion program ("substitute p	program") tha	t, during th	ne accountin	Ig
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substituted	d for the prog	ramming c	of another sta	ation
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."	vies of baske	ibali. Lisi specific program		ampie, i L	Ove Lucy O	I
	Column 2: If the program	n was broad	,	"Yes." Otherwise enter "N				
				sting the substitute programe community to which the		nood by th	e ECC or in	
	the case of Mexican or Car							I
	Column 5: Give the mor	nth and day		tem carried the substitute p			, with the mo	onth
	first. Example: for May 7 giv		aubatituta pro	area was corriad by your a	able aveters	list the til	maa aaaurat	
	to the nearest five minutes.	Example: a	a program carrie	gram was carried by your c ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m.	should be	ery
	stated as "6:00–6:30 p.m."							
				was substituted for progra				
	to delete under FCC rules a was substituted for program							gram
	effect on October 19, 1976.							
					WHE	N SUBST		
	S	UBSTITUT	E PROGRAM			AGE OC	CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
							_	
1								
							_	

Accounting Period:	2020/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Hume	TDS Broadband Service LLC		10041
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. El all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, see	6,506.92 pss receipts)
_	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	3263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo accounting period is \$52.00	r 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
			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00	_	
	2. Enter amount of gross receipts from space K \$ 176,506.92	_	
	3. Subtract line 2 from line 1	-	
		176,506.92	
	5. Enter the amount from line 3	87,293.08	
	6. Subtract line 5 from line 4	89,213.84	
	7. Multiply line 6 by .005 (enter figure here)		446.07
	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	\$	446.07
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52)	7,600)	
	1. Enter the amount of gross receipts from space K	-	
	2. Base amount under statutory formula \$ 263,800.00	-	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	·	
	FILING FEE AND TOTAL REMITTANCE DUE		_
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	446.07	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	466.07
	EFT Trace # or TRANSACTION ID #	]	
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for		

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		OF OWNER OF CABLE SYSTEM: pand Service LLC	SYSTEM ID# 10041
M Channels	to its subscrib 1. Enter the to	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	17
	2. Enter the to on which the	otal number of activated channels e cable system carried television broadcast stations adcast services	308
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Stephanie Weber Telephone (	608) 664-4721
	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)	
Ο		<b>DN</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification		gned, hereby certify that (Check one, but only one, of the boxes.)	
	(Ow	vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o	Dr
		<b>nent of owner other than corporation or partnership)</b> I am the duly authorized agent of the owner of the cable sys in line 1 of space B and that the owner is not a corporation or partnership; or	tem as identified
	X (O1	fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.	r of the cable system
	are true, comp	ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein olete, and correct to the best of my knowledge, information, and belief, and are made in good faith. cction 1001(1986)]	
		X /s/ Sharon V. Tisdale	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Sharon V. Tisdale	
		Title: Assistant Treasurer (Title of official position held in corporation or partnership)	
		Date: August 25, 2020	

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 telephoi 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 t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of lave

unting Period: 2020/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Broadband Service LLC	100
<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> </ul>	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
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
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