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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
	\$					
	ALLOCATION NUMBER					
2-26-21						

SA3E Long Form

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2020/2			
Bowner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busines of the were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account of the cable system's first filing. If not, enter the system's ID	ss of the cable syster on the last day of to unting period.	em. he accounting period should st	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	TDS Broadband Service LLC			
	Baja Broadband			
				2668720202
				26687 2020/2
	525 Junction Rd. Madison, WI 53717-2152			
С	INSTRUCTIONS: In line 1, give any business or trade names used to	•		
C	names already appear in space B. In line 2, give the mailing address of	of the system, if di	fferent from the address gi	ven in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM:			
	(Number, street, rural route, apartment, or suite number)			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and r	elist on page 1b
Area	with all communities.	,	•	, 0
Served	CITY OR TOWN	STATE		
First	Alamagordo	NM		
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in	Space G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	1
-	Alliance	MD	В	2
	Gering	MD	В	3

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 SA3E. PAGE 1b. **SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: 26687 TDS Broadband Service LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. STATE CITY OR TOWN CH LINE UP SUB GRP# Alamagordo NM AA **First** 1 **Holloman Air Force Base** NM AA Community **Otero County** NM AA 1 **Tularosa** NM AA 1 La Luz NM AA 1 See instructions for additional information on alphabetization. Add rows as necessary.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

SYSTEM ID#
26687

Ε

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.

BLO	OCK 1			BLOCK 2			
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE	Ξ		
Residential:							
 Service to first set 	2,065	\$	25.00				
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel	142	\$8.8	0-\$12.18				
Commercial							
Converter							
 Residential 	881	\$	5.95/Mo.				
 Non-residential 		. .					
		· · · · · · · · · · · · · · · · · · ·					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	7.40-19.99	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0 - \$99.95		
 Fire protection 		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	0-49.95	Burglar protection			
Additional set(s)	0-49.95	Other services:			
 FM radio (if separate rate) 		Reconnect	0-25		
 Converter 		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26687 TDS Broadband Service LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc 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 located in the paper SA3 form. 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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station. 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 (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE . DISTANT? BASIS OF 6. LOCATION OF STATION SIGN **CHANNEL** OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) KOAT Ν No Albuquerque, NM 7.1 **KOAT-DT2** 7.2 N-M No Albuquerque, NM See instructions for additional information on **KOAT-DT3** 7.3 N-M No Albuquerque, NM alphabetization. **KBIM** Ν No Roswell, NM 10.1 **KBIM-DT2** 10.2 N-M No Roswell, NM KOBR 8.1 Ν No Roswell, NM **KOBR-DT2** Roswell, NM 8.2 N-M No El Paso, TX 7.1 Ν 0 **KVIA** Yes **KUPT** 29.1 No Hobbs, NM ı **KUPT-DT2** I-M 29.2 No Hobbs, NM KTEL-CD 25.1 ı No Albuquerque, NM **KUPT-DT3** 39.1 No Albuquerque, NM **KLUZ** 14.1 ı No Albuquerque, NM **KASA** Santa Fe, NM 2.1 ı No KRWG 22.1 Ε No Las Cruces, NM **KRPV-DT** No Roswell, NM 27.1 ı **KCHF** 11.1 ı No Albuquerque, NM K45IL-D Lubbock, TX 45 N-M No

LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Nome
TDS Broadband	d Service LI	_C			26687	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during to ons in effect of 5.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carried to the carriage of cert (51(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television
basis under specifc FC	CC rules, regula	ations, or auth	norizations:		ent and Program Log)—if the	
 station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List each 	only on a subs and also in spa formation cond rm. h station's call	titute basis. ace I, if the sta cerning substi sign. Do not i	ation was carried tute basis station report origination	d both on a substi ons, see page (v) on n program service	itute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi-	
WETA-simulcast).					h stream separately; for example	
its community of licens on which your cable sy Column 3: Indicate	e. For example stem carried the in each case v	e, WRC is Ch ne station. whether the s	annel 4 in Wash tation is a netwo	nington, D.C. This ork station, an inde	ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multide For the meaning of the Column 4: If the standard of local serving Column 5: If you have cable system carried the carried the distant state For the retransmiss	cast), "E" (for nese terms, see ation is outside ce area, see pare entered "Yes entered to ne distant station on a part-tion of a distant	oncommercia page (v) of the the local servage (v) of the es" in column on during the me basis bect t multicast stre	al educational), of the general instruc- vice area, (i.e. "of general instruct 4, you must con accounting peri- ause of lack of a eam that is not se	or "E-M" (for nonce ections located in the distant"), enter "Y cions located in the mplete column 5, od. Indicate by en activated channel subject to a royalt	ommercial educational multicast). he paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, als ree categories e location of eacanadian static	mitter or an a o enter "E". If , see page (v ach station. Fo ons, if any, giv	ssociation repre you carried the) of the general or U.S. stations, re the name of t	esenting the prima channel on any o instructions locate list the communit he community with	try transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form. The station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26687 TDS Broadband Service LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. **Column 2:** State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of 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

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#	
TDS Broadband Service	ce LLC					26687	Name
SUBSTITUTE CARRIAGI	F: SPECIA	A STATEME	NT AND PROGRAM I OC	3			
In General: In space I, ident substitute basis during the a explanation of the programm form.	tify every no ccounting pe	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former FC	a distant stati CC rules, regu	llations, or authorizat	ions. For a further	Substitute
1. SPECIAL STATEMENT	T CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant state	riod, did you			is, any nonne	•	gram s XNo	Special Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete the pro	ogram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant state gulations, cation. Do not be used to a distant station of the station of t	am on a separa attach addition nnetwork televion and that your authorization of use general as A Basketball: deast live, entestation broades on's location (tlons, if any, the when your system of a program carrolisted program ons in effect designation of the context of the con	ral pages. rision program (substitute pour cable system substitute pour cable system substitute as. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute or gram was carried by your fied by a system from 6:01: or was substituted for programing the accounting period	program) that ad for the programins instruction is lice station is lice program. Use cable system 15 p.m. to 6:20 amming that ad; enter the less to the program in the less than the les	ensed by the FCC or ntified). e numerals, with the List the times accu 28:30 p.m. should be your system was recetter "P" if the listed p	ing r station aper am r, in month rately e	
	UDSTITLIT	E PROGRAM			EN SUBSTITUTE IAGE OCCURRED	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
	res or no	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — T	0	

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TDS Broadband Service LLC 26687 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS** DATE **FROM** TO **FROM** TO DATE N/A

LEGA	SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM: S Broadband Service LLC	SYSTEM ID# 26687	Name
GRO Inst all a (as i	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to core (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ou pay. Enter the total of dary transmission service	K Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
Instru • Com • Com • If yo accc • If pa blocc ▶ If pa 2 in Block Block	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the is space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period.	entered on line 1 of Itered on line 2 in block Id be entered on line are required to pay at is 1.064 percent of the \$ 621,777.03 \$ 6,615.71 Information you gave in 14, you must check	L Copyright Royalty Fee
Block	X Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete the DSE schedule. No—Leave block 3 below blank and complete the DSE schedule. If none, enter zero	\$ 1,653.93	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ 1,653.93	
4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$ 6,615.71 0.00 0.00 \$ 725.00 \$ 7,340.71	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing additional fees. Division for the appropriate form for submitting the additional fees.
	general instructions located in the paper SA3 form and the Excel instructions tal		

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 8.

Name		YSTEM ID#							
Name	TDS Broadband Service LLC	26687							
	CHANNELS								
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations								
Channels	its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
Onamioio	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 291								
	and nonbroadcast services								
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)								
Individual to	we can contact about this statement of account.)								
Be Contacted									
for Further Information	Name Stephanie Weber Telephone (608) 664-4721								
imormation	FOR I walk a B.I.								
	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)								
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
0									
Certifcation	• 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 identifed in line 1 of space B; or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified								
	in line 1 of space B and that the owner is not a corporation or partnership; or								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.								
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.								
	[18 U.S.C., Section 1001(1986)]								
	/s/Sharon V. Tisdale								
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2"	2"							
	button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.								
	Typed or printed name: Sharon V. Tisdale								
	Title: Assistant Treasurer								
	(Title of official position held in corporation or partnership)								
	Date: February 26, 2024								
	Date: February 26, 2021								

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
TDS Broadband Service LLC	26687	Name
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
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.		Concerning Gross 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 Name		
Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.		Q
For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.		•
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
x		Accoccinone
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_	
	ays	
	195	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	-	
(interest charge	je)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.		
Owner		
Address		
First community served	***************************************	
Accounting period		
ID number		

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

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE, PAGE 11. (CONTINUED)

						/A======			
1	LEGAL NAME OF OWNER OF CABLE				S	STEM ID#			
	TDS Broadband Service	LLC				26687			
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:						
	 Add the DSEs of each station 								
	Enter the sum here and in line	1 of part 5 of this	s schedule.	11	0.25				
	Instructions:			L		J			
2		the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5							
_	of space G (page 3).								
Computation	ation In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-								
of DSEs for	mercial educational station, giv	e the DSE as ".2							
Category "O"		1	CATEGORY "O" STATION		1	1			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	KVIA	0.250							
Add rows as									
necessary.									
Remember to copy									
all formula into new									
rows.									
		·							

,			= 111111111111111111111111111111111111

	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:					(SYSTEM ID#
Name	TDS Broadba	and Service LLC						26687
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call sign of all dista : For each station, give the correspond with the infor : For each station, give the : Divide the figure in colu at least to the third decire : For each independent s	he number of I mation given in the total number important 2 by the final point. This station, give the lumn 4 by the	hours your cable syste n space J. Calculate o er of hours that the stat gure in column 3, and is the "basis of carriag e "type-value" as "1.0."	m carried the statinly one DSE for eation broadcast overgive the result in coge value" for the state." For each network	on during the account on during the account of the air during the adecimals in column during the action. It is noncommercial column 6. Round to	accounting period. This figure must educational station, one less than the	
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TY VA	PE 6. DS	SE
			÷		=	x	=	
			÷ ÷		=	×	=	
			÷		=	x	=	
			÷ ÷		=	x	=	
			÷		=	x	=	
			÷		=	x	=	
	Add the DSEs	OF CATEGORY LAC Soft each station. m here and in line 2 of page 2.		hedule,	▶	0	.00	
Computation of DSEs for Substitute-Basis Stations	space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted							rm).
		SU	BSTITUTE	BASIS STATION	IS: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBI OF DAY IN YEA	/S	1. CALL SIGN	2. NUMBER OF PROGRAM	3. NUMBER OF DAYS S IN YEAR	4. DSE
		<u>:</u>		=			÷	=
		÷ ÷					÷ ÷	
		÷		=			÷	=
		÷		=			÷	=
	Add the DSEs	÷ OF SUBSTITUTE-BASI of each station. m here and in line 3 of pa	S STATIONS:		▶	0	.00	=
5		R OF DSEs: Give the am applicable to your system		boxes in parts 2, 3, and	d 4 of this schedule	and add them to pro	vide the total	
Total Number	1. Number of	f DSEs from part 2 ●			>		0.25	
of DSEs		f DSEs from part 3 ●					0.00	
	3. Number of	f DSEs from part 4 ●			>	•	0.00	
	TOTAL NUMBE	R OF DSEs						0.25

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

	OWNER OF CABLE S						S	YSTEM ID# 26687	Namo
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of pa	below.	7 of the DSE sched		complete part	8, (page 16) of th	e	6 Computation of
effect on June 24	m located wholly or , 1981? nplete part 8 of the plete blocks B and	utside of all m	najor and smal	ler markets as defii	ned under sed		CC rules and regu	lations in	3.75 Fee
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	Es			-
Column 1: CALL SIGN	under FCC rules	and regulation e DSE Scheo	ns prior to Jur dule. (Note: Th	part 2, 3, and 4 of t ne 25, 1981. For fur e letter M below re Act of 2010.)	ther explanati	ion of permitted	d stations, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to								
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of etter "F" in column 2			rksheet on page 1	14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KVIA		0.25							
								0.25	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
	e total number of	·					,		
Line 3: Subtract	e sum of permitted line 2 from line 1 leave lines 4–7 bl	. This is the	total number	of DSEs subject		ate.			
, ,	oss receipts from	•	·	. c. and conclude			× 0.03	375	Do any of the DSEs represent
Line 5: Multiply I	ine 4 by 0.0375 a	ınd enter sui	m here						partially permited/ partially nonpermitted
Line 6: Enter tot	al number of DSE	Es from line	3				x		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

Name										26687	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections									31. entered	
		PERMITTED	DSE FOR STA	TIONS CARRI	ΞD	ON A PART-TIME AN	D SUBSTI	TUTE BASIS			
	1. CALL	2. PRIOR		COUNTING		4. BASIS OF		RESENT	6. PE	RMITTED	
	SIGN	DSE		ERIOD		CARRIAGE		DSE		DSE	

7 Computation of the	Instructions: Block A In block A: If your answer is If your answer is	"Yes," complete	blocks B and C,		pa	urt 8 of the DSE schedu	ıle.				
Syndicated			BLOCK	(A: MAJOR	TE	ELEVISION MARK	ET				
Exclusivity											
Surcharge	• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C. X No—Proceed to part 8									1981?	
	BLOCK B: Ca	arriage of VHF/G	rade B Contour	Stations		BLOCK	C: Compu	tation of Exem	ot DSEs		
							in block B	of part 7 carrie	d in any		
	Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8.					Yes—List each sta X No—Enter zero ar		with its appropriate permitted DSE to part 8.			
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE	
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 26687	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	621,777.03	7
1 Section	Liner the amount of gross receipts from space in (page 7)	021,777.03	•
2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	OC .	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE PAGE 16

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
		TDS Broadband Service LLC	26687						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)							
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$							
Surcharge		C. Multiply line B by 3.000 and enter here							
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge.							
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge \$\\$\\$\\$\\$	<u></u>						
	Instru	ctions:							
8		sust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of par checked "Yes," use the total number of DSEs from part 5.	t						
		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.							
Computation of		ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belo	W						
Base Rate Fee	blank	X.							
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	I						
	service area," see page (v) of the general instructions.								
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?							
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.							
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE							
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _ \$							
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.							
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)							
	Section		<u> </u>						
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.							
		A. Enter 0.01064 of gross receipts (the amount in section 1)							
		B. Enter 0.00701 of gross receipts							
		(the amount in section 1)							
		C. Subtract 1.000 from total DSEs							
		(the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here	_						
		E. Add lines A, and D. This is your base rate fee. Enter here							
		and in block 3, line 1, space L (page 7)	0.00						
		Base Rate Fee							

U.S. Copyright Office

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/2

EGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 26687	Name
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 bla	ank.	_
A. Enter 0.01064 of gross receipts (the amount in section 1)		8
B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of
C. Multiply line B by 3.000 and enter here▶		Base Rate Fe
D. Enter 0.00330 of gross receipts (the amount in section 1) **State of the image is a section 1.** **State of the image is a section 1.** **Description of		
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
F. Multiply line D by line E and enter here	\$	
G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	\$ 0.00	
MPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriag shall instead be reported on a community-by-community basis (subscriber groups) if the cable system ups in Space G. In General: If any of the stations you carried were partially distant, the statute allows you, in compute eceipts from subscribers located within the station's local service area, from your system's total groups.	em reported multiple channel line-	9 Computation of
his exclusion, you must: First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribetation or the same group of stations. Next: Treat each subscriber group as if it were a separate cathod on the portion of your system's gross receipts attributable to that group, and calculate a seperinally: Add up the separate base rate fees for each subscriber group. That total is the base rate fees for each subscriber group.	ole system. Determine the number of arate base rate fee for each group.	Base Rate Fe and Syndicated Exclusivity Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the stamust also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, com However, if your cable system is wholly located outside all major television markets, complete block	plete both block A and B below.	for Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each wholly distant and ea carried to that community.	ch partially distant station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of youtside the station's local service area. A subscriber located outside the local service area of a station he same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to very subscriber group must consist entirely of subscribers who are distant to exactly the same complement system will have only one subscriber group when the distant stations it carried have local service are	ent of stations. Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, or ubscriber groups.	ne for each of your system's	
n each section: Identify the communities/areas represented by each subscriber group.		
Give the call sign for each of the stations in the subscriber group's complement—that is, each state	ion that is distant to all of the	
ubscribers in the group.		
If:) your system is located wholly outside all major and smaller television markets, give each station's nd 4 of this schedule; or,	s DSE as you gave it in parts 2, 3,	
) any portion of your system is located in a major or smaller televison market, give each station's E part 6 of this schedule.	OSE as you gave it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
Calculate gross receipts for the subscriber group. For further explanation of gross receipts see pain the paper SA3 form.		
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 or page. In making this computation, use the DSE and gross receipts figure applicable to the particular DSEs for that group's complement of stations and total gross receipts from the subscribers in that g	r subscriber group (that is, the total	

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

your actual calculations on the form.

LEGAL NAME OF OWNE TDS Broadband Se						S	YSTEM ID# 26687	Name		
Е	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP				
	FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP									
COMMUNITY/ AREA	Alamog	ordo, NM		COMMUNITY/ AREA	9 Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
KVIA	0.25							Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge		
								for		
								Partially Distant		
	<u>.</u>				<u></u>			Stations		
								Stations		
	···				<u></u>					
Total DSEs			0.25	Total DSEs			0.00			
Gross Receipts First G	roup	\$ 621	777.03	Gross Receipts Seco	nd Group	\$	0.00			
Base Rate Fee First G	roup	\$ 1	,653.93	Base Rate Fee Second	nd Group	\$	0.00			
	THIRD	SUBSCRIBER GROU	Р		FOURTH	I SUBSCRIBER GROU	IP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
					<u></u>					
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third Group \$ 0.00			0.00	Gross Receipts Fourt	h Group	\$	0.00			
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
Base Rate Fee: Add th Enter here and in block			ber group a	as shown in the boxes a	bove.	\$	1,653.93			