This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

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

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	ACCC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		TDS Broadband Service LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		Baja Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Rd. (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	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 suffciency of the fling, a determination that would be made by a court of law.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2020/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name		
	TDS Broadband Service LLC	3242
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rules:
n	"a separate and distinct community or municipal entity (including unincorporated con	nmunities within unincorporated areas and including single,
D	discrete 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.	,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Area		one parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
Final		TX
First	Alpine	I A
Community		
Add Rows as Necessary		
,		

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

SYSTEM ID#

3242

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	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	239	25.00			
 Service to additional set(s) 					
• FM radio (if separate rate)					
Motel, hotel	44	23.20-\$35.15			
Commercial					
Converter					
Residential	70	\$5.95/Mo.			
Non-residential					
				T	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RAT
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 		

Accounting Period: 2020/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

SYSTEM ID#

3242

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

G

Primary Transmitters: Television

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

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

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

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

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

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

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

2. B'CAST CHANNEL NUMBER

KMID 2.1 Ν Midland, TX **KOSA** Ν 7.1 Odessa, TX 7.2 KOSA-DT2 N-M Odessa, TX N-M **KOSA-DT3** 7.3 Odessa, TX **KPEJ** 24.1 N Odessa, TX **KPEJ-DT2** 24.2 N-M Odessa, TX **KWES** 9.1 Ν Odessa, TX **KUPB** 18.1 Midland, TX **KUPB-DT2** 18.2 I-M Midland, TX Ε **KENW** 3.1 Portales, NM **KMLM** 42.1 ı Odessa, TX **KVBA** 19.1 Alamogordo, NM ı

3. TYPE OF STATION

Add Rows as Necessary

4. LOCATION OF STATION

ccounting Period:	2020/2			FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	TDS Broadband Servi	ce LLC		3242
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syster	m during the accounting period, excep	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network prograr	ne basis under
Primary	_	•	61(e)(2) and (4))]; and (2) certain stati	-
Transmitters:	. , . ,	s explained in the next paragraph.		one camea on a
Television	Substitute Basis Stations:	: With respect to any distant stations	carried by your cable system on a sub	stitute program
		lles, regulations, or authorizations:	(the Creeial Ctatement and Dreggers I	
	station was carried <i>only</i> on		the Special Statement and Program L	.og)—ii trie
			ed both on a substitute basis and also	on some other
		·	s, see page (v) of the general instruction	
			program services such as HBO, ESPI	
		_	ne-air designation. For example, repor	rt multistream
	"WETA-2" as the same on t		evision station for broadcasting over t	he air in its community
		RC is channel 4 in Washington, D.C.	ovidion station for broadcasting even to	To all in its community
			station, an independent station, or a	noncommercial
	•	• • • • • • • • • • • • • • • • • • • •	(for network multicast), "I" (for independent of the control of th	,
	,	· · · · · · · · · · · · · · · · · · ·	or "E-M" (for noncommercial educatio	nal multicast).
		rms, see page (iv) of the general inst	ructions in the paper SA1-2 form. st the community to which the station is	s licensed by the
			the community with which the station i	-
		, , , , , , , , , , , , , , , , , , , ,	,	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

3242

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

H

Primary Transmitters: Radio

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.

For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of 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
KALP	FM _	X	Alpine, TX				
		-					
	 	 					
		 					
		-				_	
	 	-					
		-					
		-					
							
							
		 					

Accounting Perio						FORI	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	TDS Broadband Servi	ce LLC					3242
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televis eriod, under spo	sion program, broadcast by ecific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, or authorization	s. For a further
Carriage:					ne general ins	iructions in the paper of	X1-2 IOIIII.
Special	1. SPECIAL STATEMEN						
Statement and	 During the accounting pe 	riod, did you	ır cable systen	n carry, on a substitute ba	asis, any nonr	network television prog	ram
Program Log	broadcast by a distant sta	ition?				YES	^X NO
	Note: If your answer is "No	o", leave the	rest of this pa	ge blank. If your answer i	s "Yes," you ı	must complete the prog	gram
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the progratic Column 3: Give the call Column 4: Give the brothe case of Mexican or Call Column 5: Give the mofirst. Example: for May 7 git Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant star egulations, or ries like "mo Bulls." In was broa sign of the adcast stationate adding stationate and and day we "5/7." es when the Example: a ter "R" if the and regulation	am on a separa add additional annetwork televition and that your authorization ovies" or "bask dcast live, enterstation broadcon's location (tons, if any, the when your system of a program carrollisted program ons in effect d	rows to the tables. vision program ("substitute our cable system substitutes. See page (v) of the getball." List specific program "Yes." Otherwise enter asting the substitute program community to which the stem carried the substitute or carried the substitute or carried by you nied by a system from 6:00 m was substituted for program the accounting period	e program") to ted for the program titles, for a "No." Iram. The station is lift e station is ide program. Use the program of the program of the program of the programming the pod; enter the station is the programming the programming the pod; enter the station is the programming the programming the pod; enter the station is the programming the prog	hat, during the account ogramming of another sions for further informations for further information in further in	ing station tion. or in nonth ately
	S	UBSTITUT	E PROGRAM	ı		N SUBSTITUTE AGE OCCURRED	7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
					 		
							
							
						<u> </u>	
]	<u> </u>	
						_	
					-		
					-		
					-		
					-		
						_	
						_	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SY	STEM ID# 3242
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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	ission service mount, see	, 566.09 s receipts)
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 than or equal to \$30. 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.	263,800	
	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 for t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	_
	1. Base amount under statutory formula		
	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 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from angle K		
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

U.S. Copyright Office

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:			SYSTEM ID#
M Channels	to its subscribers 1. Enter the total system carried	s, and (2) the cable system's I number of channels on whic television broadcast stations		during the accounting period.	tions 12
	on which the ca	I number of activated channe able system carried television cast services			287
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	HER INFORMATION IS NEEDED (I	dentify an individual to whom	
for Further Information	Name	Stephanie Weber		Telep	hone (608) 664-4721
	Address	525 Junction Rd (Number, street, rural route, apar Madison, WI 53717	ment, or suite number)		
	Email	(City, town, state, zip) finance@tdstelect	om.com	Fax (optional)	
	CERTIFICATION	(This statement of account m	ust be certified and signed in accor	dance with Copyright Office regulat	ions)
Certification	• I, the undersigned	ed, hereby certify that (Check o	one, but only one, of the boxes.)		
	(Owne	er other than corporation or I	partnership) I am the owner of the ca	able system as identified in line 1 of s	pace B; or
		_	ation or partnership) I am the duly a wner is not a corporation or partnersl	_	cable system as identified
		Ser or partner) I am an officer line 1 of space B.	(if a corporation) or a partner (if a par	tnership) of the legal entity identified	as owner of the cable system
		e, and correct to the best of my	hereby declare under penalty of law to knowledge, information, and belief, and		nerein
			X /s/ Sharon V. Tisda	ale	
			Enter an electronic signature on the l Enter signature using an "/s/ signature		
		Typed or printed	d name: Sharon V. Tisdale	<u> </u>	
		Title:	Assistant Treasurer Official position held in corporation or partner	rship)	
		Date:		February 26, 2021	

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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
DS Broadband Service LLC	3242
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."	Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	

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ID number

First community served

Accounting period

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)