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				
2/26/2024	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting	20232 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						
	ELOAD NAME OF OWNER/MADRESO OF OADDE OFFICE						
	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)						
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С	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)						
	(Cambol) Grood (Gran Good) aparamony of Julio Humbor)						
	(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.

Accounting Period:	2023/ 2	FORM SA1-2E. PAGE 1b						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	TDS Broadband Service LLC	25787						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 first community that you list will serve as a form of system identification hereafter known 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 holicity.	me parks snould be reported in parentneses below the identified						
	CITY OR TOWN	STATE						
First	Fort Stockton	TX						
Community								
Add Rows as Necessary								

Accounting Period: 2023/2

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLC

SYSTEM ID# 25787

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.

BLOCK 1 BLC				(2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	402	25.00			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel	39	17.97/mo.			
Commercial					
Converter					
Residential	619	\$6/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.

	BLOCK 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
• Pay cable	8.00-15.00	Motel, hotel				
 Pay cable—add'l channel 		Commercial	\$0 - \$50			
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	\$0 - \$50	Burglar protection				
 Additional set(s) 	\$0 - \$50	Other services:				
 FM radio (if separate rate) 		Reconnect	0-25			
Converter		Disconnect				
		Outlet relocation	19.98-39.96			
		Move to new address				

Accounting Period: 2023/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25787

TDS Broadband Service LLC PRIMARY TRANSMITTERS: TELEVISION

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMID	2.1	N	Midland, TX
KMID-DT2	2.2	N-M	Midland, TX
KMID-DT3	2.3	N-M	Midland, TX
KMID-DT4	2.4	N-M	Midland, TX
KOSA	7.1	N	Odessa, TX
KOSA-DT2	7.2	N-M	Odessa, TX
KOSA-DT3	7.3	N-M	Odessa, TX
KOSA-DT4	7.4	N-M	Odessa, TX
KPEJ	24.1	N	Odessa, TX
KPEJ-DT2	24.2	N-M	Odessa, TX
KPEJ-DT3	24.3	N-M	Odessa, TX
KWES	9.1	N	Odessa, TX
KWES-DT2	9.2	N-M	Odessa, TX
KWES-DT3	9.3	N-M	Odessa, TX
KWES-DT4	9.4	N-M	Odessa, TX
KWES-DT5	9.5	N-M	Odessa, TX
KWES-DT7	9.7	N-M	Odessa, TX
KUPB	18.1	I	Midland, TX
KUPB-DT2	18.2	I-M	Midland, TX
KENW	3	E	Portales, NM

ccounting Period:	2023/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER (SYSTEM ID# 25787
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same or Column 2: Give the chant of license. For example, No Column 3: Indicate in each educational station, by end (for independent multicast For the meaning of these Column 4: Give the location of the station of the second of the sec	entify every television station (including the during the accounting period, except is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. Solve With respect to any distant stations carules, regulations, or authorizations: are in space G—but do list it in space I (the nasubstitute basis. It also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. Do not report origination pred with a station according to its over-the-	(1) stations carried only on a part-time e carriage of certain network programs (e)(2) and (4))]; and (2) certain station rried by your cable system on a substitute basis and also or see page (v) of the general instruction or are designation. For example, report revision station for broadcasting over the station, an independent station, or a not or network multicast), "I" (for independent "E-M" (for noncommercial educational citions in the paper SA1-2 form.	ision stations) basis under s [sections s carried on a tute program g)—if the n some other s. etc. Identify each multistream e air in its community encommercial ent), "I-M" al multicast). icensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Accounting Period: 2023/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Broadband Service LLC

25787

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.



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.



Transmitters:

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							

Accounting Perio								
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	DS Broadband Service LLC 25787							
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG							
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	cific present and former Fo	CC rules, regul	ations, or a	authorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.						n	
Statement and Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust compl	ete the progra	m
	log in block 2.	DDOCDA	MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	s wherever po	ssible, if th	neir meaning is	5
	clear. If you need more spa							
	Column 1: Give the title period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
	Column 2: If the program Column 3: Give the call							
	Column 4: Give the broa					ensed by t	he FCC or. in	
	the case of Mexican or Can							
	Column 5: Give the mor	•	when your syst	em carried the substitute	program. Us	e numeral:	s, with the mo	nth
	first. Example: for May 7 giv Column 6: State the time		substituto pro	gram was carried by you	r cable evetor	List the t	imos accurato	alv.
	to the nearest five minutes.							iy .
	stated as "6:00–6:30 p.m."	Example: a	r program carri		. 10 p.m. to o	20.00 p.m.	. orrodia bo	
	Column 7: Enter the lette							
	to delete under FCC rules a							ram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete und	er FCC rules	and regula	itions in	
	effect off October 19, 1970.							
	WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON FOR							
	1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S					6.	TIMES	DELETION
	1. THEE OF TROOPAN	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO	
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TOS Broadband Service LLC GROSS RECEIPTS For the figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts gross receipts and to your cable system by authorities to the systems secondary transmission service) at amounts gross receipts from subscribers for the systems secondary transmission service (and amounts gross receipts from subscribers for secondary transmission service) Loppyright Reyalty Fee Comprising Principle 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (Accounting Period:	2023/2	FORM SA	1-2E. PAGE 6.
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of an amounts group encepts past to your cable system by subscribers for the system's secondary transmission service in amounts grow of the general instructions doubted in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service of charge growing the accounting period. **MORDATANT: Your must complete a statistiment in space P concerning gross receipts.** **COPYRIGHT ROYALTY FEE **Use block 1.1 flust P control of gross receipts in space K is \$137,100 or less **Use block 2.2 flust amount of gross receipts in space K is \$137,100 or less **Use block 2.2 flust amount of gross receipts in space K is shown than \$23,000 but less than or equal to \$283,000 use block 3.1 flust amount of gross receipts in space K is more than \$137,100 but less than or equal to \$283,000 use page (vi) of the general instructions flusted in the paper \$3.1-2 form for more information. **BICKY: GROSS RECEIPTS OF \$137,000 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 **Units 2.1 flustrations, As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 **Units 2.1 flustrations, As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 **Units 2.1 flustrations, As a cable system with gross receipts from \$2,000 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 **Units 2.1 flustrations for a cable system with gross receipts from \$2,000 or less, the royalty fee that you must pay for this six-month accounting period is \$20.00 **Units 2.2 flustrations from line 4. **Subtract line 2 from line 4. **Subtract line 2 from line 4. **Subtract line 2 from line 5. **Subtract line 2 from line 4. **Subtract line 2 from line 5. **Subtract line 2 fr	Name		S'	**************************************
Instructions: The figure you give in this space obtermines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) and toy cur cable system by secondary transmissors service) (as identified is space it i) using the secondary gross receipts of the service of		TDS Broadbaild Service LLC		25/6/
Instructions: To compute the royalty fee you ove: Complete block, 1 block 2, or block 3 or block 1 st 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 \$263,800 Use block 3 of the amount of gross receipts in space K is more than \$137,100 but less than \$227,800 See to page (ii) of the amount of gross receipts in space K is more than \$233,800 but less than \$27,800 See to page (iii) of the amount of gross receipts in space K is more than \$233,800 but less than \$27,800 See to page (iii) of the amount of gross receipts in space K is more than \$233,800 but less than \$27,800 See to page (iii) of the amount of gross receipts of \$137,100 or less. 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 this six-month accounting period is \$52.00 Line 1: Royalty fee for accounting period . \$ 52. Line 2: Interest charge. Enter the amount from line 4, space Q, page 8 . 0. Line 3: TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 . \$ 52. BLOCK 2: GROSS RECEIPTS OF \$283,800 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 . 5. Enter the amount from line 4. 7: Multiply line 6 by 0.05 (enter figure here) 8: Interest charge. Enter the amount from line 4, space Q, page 8 . 0. 9: TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 . 0. BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) 1: Enter the amount of gross receipts from space K . 2. 2: Base amount under statutory formula . \$ 263,800.00 3: Subtract line 2 from line 1 . 4. 4: Multiply line 3 by 01. 7: TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 . 0.00 Filling Fee and Total Romittance Due Filling Fee and Total Romittance Due Filling Fee and Counting Period (from Block 1, 2, or 3, above) .		Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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.	mission service amount, see	-
Instructions: To compute the royalty fee you ove:	_	COPYRIGHT ROYALTY FEE		
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period \$5.20 Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		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	3263,800	
accounting period is \$52.00 Line 1. Royalty fee for accounting period . \$ 52. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . 0. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 . \$ 52. 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. 3. Subtract line 2 from line 1 . 4. Enter the amount form line 4 . 5. Enter the amount from line 4 . 7. Multiply line 6 by 0.005 (enter figure here) . 8. Interest charge. Enter the amount from line 4 . 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 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 \$283,800 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 . 5. 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 . 5. 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 . 5. 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 . 5. Interest charge. Enter the amount from line 4, space Q, page 8 . 0.00 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 2 and 3 . 6. 67.		BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$283,800 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. 3. Subtract line 2 from line 1 4. 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. DLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) 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 Due 5. Enter the amount from line 4, space Q, page 8. 2. Filing Fee (See the instructions for more information on filing fee calculations). \$ 52.00 2. Filing Fee (See the instructions for more information on filing fee calculations). \$ 567.			this six-month	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		Line 1. Royalty fee for accounting period	\$	52.00
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		Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K. 3. Subtract line 2 from line 1 4. Enter the amount of gross receipts from space K. 5. Enter the amount of gross receipts from space K. 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. 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 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. 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 Due 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00		Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
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BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) 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 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$52.00 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.		8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
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	Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
EFT Trace # or TRANSACTION ID #		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 of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.				

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF TDS Broadband Service					SYSTEM ID# 25787
M Channels	to its subscribers, and (2) 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system.	the cable system's to of channels on which on broadcast stations of activated channel em carried television	total num th the cab is		counting period.	20 148
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			DRMATION IS NEEDED (Identify an indi	vidual to whom	
for Further Information	Name Zaneta	Lewis			Telephone	(608) 664-8517
	Address 525 Ju (Number, s	nction Rd treet, rural route, apartm	ment, or sui	te number)		
		on, WI 53717 , state, zip)				
	Email	finance@tdsteleco	om.com		Fax (optional	
0	CERTIFICATION (This state	ment of account mu	ust be cer	tified and signed in accordance with Cop	pyright Office regulations)	
Certification	• I, the undersigned, hereby of	certify that (Check on	ne, <i>but on</i>	ly one, of the boxes.)		
	(Owner other tha	n corporation or pa	artnershi	p) I am the owner of the cable system as i	identified in line 1 of space B	; or
				artnership) I am the duly authorized agents not a corporation or partnership; or	t of the owner of the cable sy	rstem as identified
	X (Officer or partr in line 1 of		if a corpor	ration) or a partner (if a partnership) of the	legal entity identified as own	er of the cable system
		rect to the best of my		clare under penalty of law that all statemer ge, information, and belief, and are made		
				/s/ Sharon V. Tisdale electronic signature on the line above to cer		
		Typed or printed		Sharon V. Tisdale		
		Title:		tant Treasurer		
		(Titl	tle of officia	position held in corporation or partnership)		
		Date:			February 19, 2024	

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.

counting Period: 2023/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
OS Broadband Service LLC	25787
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." 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. 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	Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
 * 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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. 	

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