TI	his form is	s effect	ive be	eginning with the	January [•]	1 to June 30), 2017 acco	unting period	(2017/1)
lf	you are fili	ng for a	n prior	accounting period,	, contact t	he Licensing	Division for	the correct forn	n.

SA1-2E Short Form

STATEME	NT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:							
for Secondar	y Transmissions by	DATE RECEIVED	AMOUNT							
General instruc	ns (Short Form) tions are located f this workbook	\$ 8/27/2024 ALLOCATION NUMBER		<u>coplicsoa@copyright.gov</u> 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 1 = January 1 - June 30	Period)) Period 2 = July 1 - December 31							
Accounting Period	2024	Barcode Data Filing Period (optional - s	eee instructions)							
В	Instructions: Give the full legal name of the owner of the o subsidiary, not that of the parent corporation		another corporation, give the full corporate title of	f the						
Owner	List any other name or names under which th	ne owner conducts the business of the cable	conducts the business of the cable system.							
	If there were different owners during the acc account and royalty fee payment covering th		lay of the accounting period should submit a single	e statement of						
	Check here if this is the system's first filing. If	not, enter the system's ID number assigned	by the Licensing Division.	10034						
	LEGAL NAME OF OWNER/MAILING A	DDRESS OF CABLE SYSTEM								
	TDS Broadband Service LLC									
		S Broaddand Service LLC SINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
	Baja Broadband									
	MAILING ADDRESS OF OWNER OF CA	ABLE SYSTEM								
	525 Junction Rd. (Number, street, rural route, apartment, or suite num	ber)								
	Madison, WI 53717-2152 (City, town, state, zip)	,								
С	INSTRUCTIONS: In line 1, give any busines									

 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

 m
 IDENTIFICATION OF CABLE SYSTEM:

System	4	IDENTIFICATION OF CABLE SYSTEM:						
	Ĩ							
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)						

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

Accounting Period: 2	024/1						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#					
Name		10034					
Name TDS Broadband Service LLC D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kincommunity." Please use it as the first community on all future filings. Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses be city.							
	CITY OR TOWN	OTATE					
First	TRUTH OR CONSEQUENCES	STATE NM					
Community	SIERRA	NM					
	WILLAMSBURG	NM					
Add Rows as Necessary							

Accounting Period:	2024/1									
	LEGAL NAME OF OWNER OF CABL	E SYSTEM:							STEM ID	
Name	TDS Broadband Service L		1003							
E	SECONDARY TRANSMISSION SE In General: The information in space				ndary transr	mission service of	the cable			
	system, that is, the retransmission of									
Secondary Transmission	about other services (including pay last day of the accounting period (Ju					nust be those exi	sting on the			
Service: Sub-	Number of Subscribers: Both blo				. ,	to the cable syste	m, broken			
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates 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 char						arge and the	•		
	unit in which it is generally billed. (E	xample: "\$20/m	th"). Sun	nmarize any sta			-			
	category, but do not include discour Block 1: In the left-hand block in				socondary	transmission con	vice that cal	blo		
	systems most commonly provide to	-		-	•					
	that applies to your system. Note: V							5		
	categories, that person or entity sho				••			tial		
	subscriber who pays extra for cable first set" and would be counted once					count under Serv				
	Block 2: If your cable system has	rate categories	s for seco	ondary transmis	sion service					
	printed in block 1 (for example, tiers with the number of subscribers and					<i>,</i> .		her		
	sufficient.	rates, in the hy		JUCK. A 1WO- 01	unee-word		SEIVICE IS			
	BLC	DCK 1	-				BLOCK		•	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB	NO. OF ACCEPTION AND A CATE		TEGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE		
	Residential:									
	Service to first set		272	30.00						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel		44	17.97/mo.						
	Commercial Converter									
	Residential		416	\$6/Mo.					+	
	Non-residential			ţ0/mei						
								••••••		
	SERVICES OTHER THAN SECON									
F	In General: Space F calls for rate (r not covered in space E, that is, thos							vere		
	service for a single fee. There are tw	vo exceptions: y	you do no	ot need to give r	ate informa	ation concerning (1) services			
Services	furnished at cost or (2) services or f							- 1 -		
Other Than Secondary	amount of the charge and the unit in enter only the letters "PP" in the rate		any billec	i. Il ally fates al	e charged d	on a variable per-	program bas	515,		
Transmissions:	Block 1: Give the standard rate c	0 ,	,							
Rates	Block 2: List any services that yo listed in block 1 and for which a sep									
	brief (two- or three-word) description	•								
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SERV	CE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:		Installa	tion: Non-resid	lential					
	• Pay cable	8.00-15.00		el, hotel						
	• Pay cable—add'l channel		-	nmercial		\$0 - \$50				
	Fire protection			cable	mal					
	•Burglar protection Installation: Residential			cable-add'l cha	INNEI					
	First set	\$0 - \$49.95		glar protection						
	Additional set(s)	\$0 - \$49.95	•	•						
	• FM radio (if separate rate)		•	connect		0-25			t	
	• Converter		• Disc	connect					I	
			• Out	let relocation		19.98-39.96				
			• Mov	ve to new addre	SS				l	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM I						
Name	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, <i>except</i> (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 <i>not</i> 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 <i>only</i> on a substitute basis stations, see page (v) of the general instructions. • 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. <i>Do not</i> 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, 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 (w) of the general									
	1. CALL SIGN	4. LOCATION OF STATION								
	KOAT	2. B'CAST CHANNEL NUMBER 7.1	3. TYPE OF STATION	Albuquerque, NM						
	KOAT-DT2	7.2	<u>N-M</u>	Albuquerque, NM						
Add Rows as Necessary	KOAT-DT3	7.3	<u>N-M</u>	Albuquerque, NM						
	KOAT-DT5	7.5	<u>N-M</u>	Albuquerque, NM						
		10.1	<u>N</u>	Roswell, NM						
	KBIM-DT2	10.2	N-M	Roswell, NM						
	KOBR	8.1	<u>N</u>	Roswell, NM						
	KOB DT2	4.2	N-M	Albuquerque, NM						
	KOB DT3	4.3	N-M	Albuquerque, NM						
		14.1								
	KLUZ		1	Albuquerque, NM						
	KUPT	29.1	I	Hobbs, NM						
	KUPT KRTN	29.1 39.1	 	Hobbs, NM Albuquerque, NM						
	KUPT KRTN KRTN-DT6	29.1 39.1 39.6	I I I-M	Hobbs, NM Albuquerque, NM Albuquerque, NM						
	KUPT KRTN	29.1 39.1	I I I-M I	Hobbs, NM Albuquerque, NM						
	KUPT KRTN KRTN-DT6	29.1 39.1 39.6		Hobbs, NM Albuquerque, NM Albuquerque, NM						
	KUPT KRTN KRTN-DT6 KASA	29.1 39.1 39.6 2.1		Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM						
	KUPT KRTN KRTN-DT6 KASA KCHF	29.1 39.1 39.6 2.1 11.1	l	Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Albuquerque, NM						
	KUPT KRTN KRTN-DT6 KASA KCHF KRWG	29.1 39.1 39.6 2.1 11.1 22.1	l	Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Albuquerque, NM Las Cruces						
	KUPT KRTN KRTN-DT6 KASA KCHF KRWG KASY	29.1 39.1 39.6 2.1 11.1 22.1 50.1	I I E I	Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Albuquerque, NM Las Cruces Albuquerque, NM						
	KUPT KRTN KRTN-DT6 KASA KCHF KRWG KASY	29.1 39.1 39.6 2.1 11.1 22.1 50.1	I I E I	Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Albuquerque, NM Las Cruces Albuquerque, NM						
	KUPT KRTN KRTN-DT6 KASA KCHF KRWG KASY	29.1 39.1 39.6 2.1 11.1 22.1 50.1	I I E I	Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Albuquerque, NM Las Cruces Albuquerque, NM						
	KUPT KRTN KRTN-DT6 KASA KCHF KRWG KASY	29.1 39.1 39.6 2.1 11.1 22.1 50.1	I I E I	Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Albuquerque, NM Las Cruces Albuquerque, NM						
	KUPT KRTN KRTN-DT6 KASA KCHF KRWG KASY	29.1 39.1 39.6 2.1 11.1 22.1 50.1	I I E I	Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Albuquerque, NM Las Cruces Albuquerque, NM						
	KUPT KRTN KRTN-DT6 KASA KCHF KRWG KASY	29.1 39.1 39.6 2.1 11.1 22.1 50.1	I I E I	Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Albuquerque, NM Las Cruces Albuquerque, NM						
	KUPT KRTN KRTN-DT6 KASA KCHF KRWG KASY	29.1 39.1 39.6 2.1 11.1 22.1 50.1	I I E I	Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Albuquerque, NM Las Cruces Albuquerque, NM						
	KUPT KRTN KRTN-DT6 KASA KCHF KRWG KASY	29.1 39.1 39.6 2.1 11.1 22.1 50.1	I I E I	Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Albuquerque, NM Las Cruces Albuquerque, NM						
	KUPT KRTN KRTN-DT6 KASA KCHF KRWG KASY	29.1 39.1 39.6 2.1 11.1 22.1 50.1	I I E I	Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Albuquerque, NM Las Cruces Albuquerque, NM						
	KUPT KRTN KRTN-DT6 KASA KCHF KRWG KASY	29.1 39.1 39.6 2.1 11.1 22.1 50.1	I I E I	Hobbs, NM Albuquerque, NM Albuquerque, NM Santa Fe, NM Albuquerque, NM Las Cruces Albuquerque, NM						

ounting Period: 2	2024/1			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM II					
Name	TDS Broadband Service	1003							
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable system of	fy every television station (including transl during the accounting period, <i>except</i> (1) st	ations carried only on a part-time basis ur	nder					
Primary Transmitters:	76.59(d)(2) and (4), 76.61(e)(2	effect on June 24, 1981, permitting the car 2) and (4), or 76.63 (referring to 76.61(e)(2 explained in the next paragraph.							
Television	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. <i>Do not</i> 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.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					

Accounting Period: 2024/1						FO	RM SA1-2E. PAGE 4.
LEGAL NAME OF OWNER OF CABLE SYSTEM:							
TDS Broadband Service LLC							
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discret all-band basis whose signals were generally receivable by your cable					ied on an		Н
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. 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							Primary Transmitters: Radio
Mexican or Canadian stations, if any, the community with which the s	tatio	on	is identified).				
CALL SIGN AM or FM S/D LOCATION OF STATIO	N		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A							

Accounting Period							FO	RM SA1-2E. PAGE 5.				
Nama	LEGAL NAME OF OWNER OF CA	BLE SYSTEM	:					SYSTEM ID#				
Name	TDS Broadband Service	LLC						10034				
I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanate											
Carriage: Special												
Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Program Log	broadcast by a distant station?											
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS											
 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for												
		SUBSTITUT	E PROGRAM		WHEN SU	JBSTITUTE C OCCURRED	ARRIAGE	7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —		DELETION				
						_	-					
						_	_					
							<u>-</u>					
							-					
						-	-					
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ccounting Period: 20	24/1	FORM S	A1-2E. PAG								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM								
	TDS Broadband Service LLC		100								
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the t all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	service									
	during the accounting period	\$ 9 (Amount of gro	2,078.08 ss receipts)								
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • 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.										
	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- accounting period is \$52.00	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 \$ 263,800.0	0									
	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 space K										
	2. Base amount under statutory formula \$ 263,800.0	0									
	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										
											
ling 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	\$	67.00								
	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 more										

Accounting Period: 2	024/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: Id Service LLC			SYSTEM ID# 10034
M Channels	to its subscribe 1. Enter the tot system carr 2. Enter the tot on which the	ers, and (2) the cable system's	total number th the cable ns ls on broadcast :		18 149
N Individual to Be Contacted		TO BE CONTACTED IF FURT t about this statement of accou		IATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Zaneta Lewis		Te	elephone (608) 664-8517
	Address	525 Junction Rd (Number, street, rural route, apa Madison, WI 53717		umber)	
	Email	(City, town, state, zip)	lecom.com	Fax (optional)	
O Certification	(Own (Ager X (Offi • I have examined are true, completion	nt of owner other than corpor in line 1 of space B and tha icer or partner) I am an officer in line 1 of space B. d the statement of account and I	ation or partment it the owner is (if a corporation hereby declare by knowledge, i X Enter ar	e, of the boxes.) am the owner of the cable system as identified in line 1 of space B; ership) I am the duly authorized agent of the owner of the cable sys not a corporation or partnership; or n) or a partner (if a partnership) of the legal entity identified as owne e under penalty of law that all statements of fact contained herein information, and belief, and are made in good faith. /s/ Sharon V. Tisdale n electronic signature on the line above to certify this statement. gnature using an "/s/ signature" (e.g., /s/ John Smith)	stem as identified
		Typed or prin Title:	Assis	Sharon V. Tisdale tant Treasurer	

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.

Accounting Period: 2024/1	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
TDS Broadband Service LLC	10034
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. \$	P 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here + x 0.00274	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interest charge)	-
* 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. Owner	
Address	
ID number First community served	
Accounting period	

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.