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
8/27/2024	\$ 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

r	
Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	20241 Barcode Data Filing Period (optional - see instructions)
Accounting	
Period	
	Instructions:
В	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.
	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
	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	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	. IDENTIFICATION OF CABLE SYSTEM:
System	1   IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

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

accounting Period: 2	024/1						
		FORM SA1-2E. PAGE 1b					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	TDS Broadband Service LLC	8340					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc 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 community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identification.						
Area Served	city.	ile nome parks snould be reported in parentneses below the identified					
	CITY OR TOWN	STATE					
First	Socorro	NM					
Community							
Add Rows as Necessary							

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

## Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**TDS Broadband Service LLC** 

**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.

BL	OCK 1		BLOCK	(2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	53	30.00			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel	4	32.65/mo.			
Commercial					
Converter					
Residential	36	\$6/Mo.			
Non-residential					
				<b>†</b>	<b></b>

# 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			
<ul> <li>Pay cable—add'l channel</li> </ul>		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			
<ul> <li>Additional set(s)</li> </ul>	\$0 - \$49.95	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	0-25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		<ul> <li>Move to new address</li> </ul>			

8340

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELEVISION

SYSTEM ID# 8340

#### **TDS Broadband Service LLC**

PRIMARY TRANSMITTERS:

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
KOAT	7.1	N	Albuquerque, NM
KOAT -DT2	7.2	N-M	Albuquerque, NM
KOAT-DT3	7.3	N-M	Albuquerque, NM
KOAT-DT5	7.5	N-M	Albuquerque, NM
KRQE	13.1	N	Albuquerque, NM
KRQE-DT2	13.2	N-M	Albuquerque, NM
КОВ	4.1	N	Albuquerque, NM
KLUZ	14.1	I	Albuquerque, NM
KASA	2.1	I	Santa Fe, NM
KNME	5.1	E	Albuquerque, NM
KNME DT2	5.2	E-M	Albuquerque, NM
KNME DT3	5.3	E-M	Albuquerque, NM
KNME DT4	5.4	E-M	Albuquerque, NM
KNME DT5	5.5	E-M	Albuquerque, NM
KNAT	23.1	l	Albuquerque, NM
KRQE DT3	13.3	N-M	Albuquerque, NM
KOB DT2	4.2	N-M	Albuquerque, NM
KOB DT3	4.3	N-M	Albuquerque, NM
KWBQ	19.1	l	Santa Fe, NM
KWBQ DT2	19.2	I-M	Santa Fe, NM
KWBQ DT3	19.3	I-M	Santa Fe, NM
KASY	50.1	l	Albuquerque, NM
KAZQ	32.1	l	Albuquerque, NM

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 8340 **TDS Broadband Service LLC** PRIMARY TRANSMITTERS: 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 Primary 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 Transmitters: 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 Television 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. 1. CALL SIGN 4. LOCATION OF STATION 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION

Accounting Period: 2024/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **TDS Broadband Service LLC**

8340

#### 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.

Н

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.

Primary Transmitters: Radio

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 Period:	2024/1						FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM	:					SYSTEM ID#
Name	TDS Broadband Service	LLC						8340
I	SUBSTITUTE CARRIAGE: In General: In space I, identify basis during the accounting personal control of the second control of the seco	every nonne	twork television	program, broadcast by a dis				
Substitute	basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Statement and Program Log	<ul> <li>During the accounting perio</li> </ul>	d, did your ca	able system carr	ry, on a substitute basis, ar	ny nonnetwork te	levision pro	ogram	
Program Log	broadcast by a distant statio	n?					YES	X NO
	<b>Note:</b> If your answer is "No",	leave the res	t of this page bla	ank. If your answer is "Yes,	" you must com	olete the pr	ogram	
	log in block 2.			•		•		
	2. LOG OF SUBSTITUTE F							
	In General: List each substituction. If you need more space				ever possible, if	their mean	ing is	
	Column 1: Give the title of				am") that, during	g the accou	ınting	
	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 informatio Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or								
	"NBA Basketball: 76ers vs. B Column 2: If the program v		st live, enter "Ye	es." Otherwise enter "No."				
	Column 3: Give the call sig	gn of the stat	ion broadcasting	g the substitute program.				
	Column 4: Give the broade the case of Mexican or Canad					the FCC o	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 Column 6: State the times		ihstitute program	n was carried by your cable	evetem liet the	times acci	ırately	
	to the nearest five minutes. E	xample: a pr	ogram carried b	y a system from 6:01:15 p.	m. to 6:28:30 p.i	m. should b	e	
	stated as "6:00–6:30 p.m."	"D" if the list	od program was	aubatitutad for programmi	ng that your ava	tom was re-	auiro d	
	Column 7: Enter the letter to delete under FCC rules and							
	was substituted for programm							
	effect on October 19, 1976.							
							CARRIAGE	
			E PROGRAM		<del>-</del>	OCCURRE	ED TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	
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Accounting Period: 20	24/1	FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	5	SYSTEM ID
Humo	TDS Broadband Service LLC		834
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission sen (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	vice e \$ 3	4,651.29
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	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-mo accounting period is \$52.00	nth	
	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 \$137,100	)	
	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 \$527,60	0)	
	4. Enter the amount of week resists from appeal.		
	Enter the amount of gross receipts from space K.      Base amount under statutory formula	-	
	· · · · · · · · · · · · · · · · · · ·	-	
	3. Subtract line 2 from line 1	-	
	4. Multiply line 3 by .01	4 240 00	
	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		
iling 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 #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

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

Nama	Accounting Period: 20	124/1				FORM SA1-2E. PAGE 7.
CHANNELS Instructions You must labe (1) be runther of channels on which the cabbe system carried levelation broadcast stations this statements, and (2) he cabbe system carried township the cabbe system carried levelation broadcast stations this statements, and (2) he cabbe system carried severation broadcast stations  1. Enter the total number of channels of various on which the cabbe system carried levelation broadcast stations  2. Enter the total number of advanced charmels on which the cabbe system carried levelation broadcast stations and traditionation or which to discuss system carried levelation broadcast stations and traditionation or which the cabbe system carried levelation broadcast stations and traditionation or which the cabbe system carried levelation broadcast stations and traditionation or which the cabbe system carried levelation broadcast stations and traditionation or which the cabbe system carried levelation broadcast stations  152  Notice  Notice  2. Enter the total number of advanced charmels and traditionation or which the cabbe system carried levelation broadcast traditions  Notice  Notice  2. Enter the total number of advanced stations and traditionation or which the cabbe system constituted to the salestment of account for a second trade to the cabbe system as identified in line to dispose 8 or or  (Certification  Certification  Certification  Certification  Certification  Certification  (Comer other than cooporation or partnership) I am the cabbe submitted and or enter to dispose 8 or or  (Comer other than cooporation or partnership) I am the cabbe submitted and or enter to dispose 8 or or  (Comer other than cooporation or partnership) I am the cabb cabbination of the local exploration of the cabb system as identified in line to dispose 8 or or  (Comer other than cooporation or partnership) I am the cabb cabbination of the local exploration of the cabb system as identified in line to dispose 8 or or  (Comer other than cooporation or partnership) I am the cabb cabbination of the local	Name					SYSTEM ID#
Learner Control (2) the cubic system or which the cubic system carried television broadcast stations is the subscribers, and (2) the cubic system's lost in number of activated charmels during the possessing period.  1. Either the total number of charmels on which the cubic system carried television broadcast stations.  2. Either the total number of activated charmels on which the cubic system carried television broadcast stations on which the cubic system carried television broadcast stations on which the cubic system carried television broadcast stations on which the cubic system carried television broadcast stations on which the cubic system carried television broadcast stations on which the cubic system carried television broadcast stations on which the cubic system carried television broadcast stations on which the cubic system carried television broadcast stations on which the cubic system carried television broadcast stations on which the cubic system carried television broadcast stations on which the cubic system carried television broadcast stations on which the cubic system carried television broadcast stations on which the cubic system carried television broadcast stations on which the cubic system carried television broadcast stations  2. Either the total number of accident stati	Name	TDS Broadband S	Service LLC			8340
Individual to Be Contacted for Forther Information  Address  S25 Junction Rd   Name		Instructions: You to its subscribers,  1. Enter the total r system carried  2. Enter the total r on which the carried	and (2) the cable system's total numbumber of channels on which the cable television broadcast stations	ber of activated channels during the account e	ing period.	
Second color of the cable system as identified in the 1 of space B of the color of the cable system as identified in the 1 of space B of the statement of account and hereby declare under penalty of the legal entity identified as owner of the cable system as identified in the 1 of space B of the statement of account and hereby declare under penalty of the legal entity identified as owner of the cable system as identified in the 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.    **Enter an electronic signature on the line above to certify this statement. Enter signature using an *!s! signature* (e.g., .!s! John Smith)				PRMATION IS NEEDED (Identify an individua	al to whom	
Certification   Madison, WI 53717   (City, town, stells, 29)	Be Contacted for Further	Name	Zaneta Lewis		Telephone	(608) 664-8517
Certification  Certification  Certification  Certification  Certification  Certification  Certification  Certification  Li the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (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, 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  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  1 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.  X /s/ Sharon V. Tisdale  Enter an electronic signature on the line above to certify this statement.  Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name: Sharon V. Tisdale  Title: Assistant Treasurer  (Title of difficial position held in corporation or partnership)				ite number)		
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(Title of official position held in corporation or partnership)			Typed or printed name:	Sharon V. Tisdale		
Date: August 23, 2024						
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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.

Broadband Service LLC  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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system scribers and amounts collected from subscribers receiving secondary transmissions pursuance for more information on when to exclude these amounts, see the note on page (vii) of the general located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions pursuance by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below.	rstem for the basic n shall not include sub- ant to section 119."		P Special Statement Concerning Gross Receipts Exclusion
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Name Mailing Address Mailing Address			
INTEREST ASSESSMENT			
You must complete this worksheet for those royalty payments submitted as a result of a late payment for an explanation of interest assessment, see page (viii) of the general instructions located in the			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		-	
	X	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	0.00074		
1: A M II: I II: 01 00074#	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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For furth contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	her assistance please		
** 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 Co list below the owner, address, first community served, ID number, and accounting period as given in			
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