

This form is effective beginning with the July 1 to December 30, 2025, accounting period (2025/2).
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

Return completed workbook by
email to:

coplicsoa@copyright.gov

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

STATEMENT OF ACCOUNT for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
9/1/2026	\$
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: 2026/1																						
B Owner	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. List any other name or names under which the owner conducts the business of the cable system. <i>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.</i> ☐ Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 26687 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM TDS Broadband Service LLC Baja Broadband 2668720261 26687 2026/1 525 Junction Rd. Madison, WI 53717-2152																						
C System	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. <table><tr><td>1</td><td colspan="3">IDENTIFICATION OF CABLE SYSTEM:</td></tr><tr><td>2</td><td colspan="3">MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)</td></tr></table>			1	IDENTIFICATION OF CABLE SYSTEM:			2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)														
1	IDENTIFICATION OF CABLE SYSTEM:																						
2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)																						
D Area Served First Community Sample	Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities. <table><tr><td>CITY OR TOWN</td><td>STATE</td></tr><tr><td>Alamagordo</td><td>NM</td></tr></table> Below is a sample for reporting communities if you report multiple channel line-ups in Space G. <table><tr><td>CITY OR TOWN (SAMPLE)</td><td>STATE</td><td>CH LINE UP</td><td>SUB GRP#</td></tr><tr><td>Alda</td><td>MD</td><td>A</td><td>1</td></tr><tr><td>Alliance</td><td>MD</td><td>B</td><td>2</td></tr><tr><td>Gering</td><td>MD</td><td>B</td><td>3</td></tr></table>			CITY OR TOWN	STATE	Alamagordo	NM	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																						
Alamagordo	NM																						
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																				
Alda	MD	A	1																				
Alliance	MD	B	2																				
Gering	MD	B	3																				

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC				SYSTEM ID# 26687	
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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up “A” in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 8). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 8 of the DSE Schedule) in the appropriate columns below.					D Area Served
CITY OR TOWN	COUNTY	STATE	CH LINE UP	SUB GRP#	
Alamagordo	Otero	NM	AA	1	First Community
Holloman Air Force Base	Otero	NM	AA	1	
Otero County	Otero	NM	AA	1	
Tularosa	Otero	NM	AA	1	
La Luz	Otero	NM	AA	1	
					See instructions for additional information on alphabetization. Add rows as necessary.

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

U.S. Copyright Office

Form SA3E Long Form (Rev. 05-17)

Form SA3E Long Form (Rev. 05-17)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC				SYSTEM ID# 26687			
J Part-Time Carriage Log	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.– 3:15 a.m. app." • You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.– 12:00 p.m."							
	DATES AND HOURS OF PART-TIME CARRIAGE							
	CALL SIGN	WHEN CARRIAGE OCCURRED HOURS			CALL SIGN	WHEN CARRIAGE OCCURRED HOURS		
		DATE	FROM	TO		DATE	FROM	TO
	N/A			—				—
				—				—
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LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC		SYSTEM ID# 26687	Name
GROSS RECEIPTS Instructions: 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) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. 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.			K Gross Receipts
\$ 572,454.60 (Amount of gross receipts)			
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. ▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.			L Copyright Royalty Fee
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K _____ \$ 572,454.60 Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. _____ This is your minimum fee. \$ 6,090.92		
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? ☒ Yes—Complete the DSE schedule. ☐ No—Leave block 3 below blank and complete line 1, block 4.		
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero _____ 6090.92 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero _____ 0.00 Line 3. Add lines 1 and 2 and enter here \$ 6,090.92		
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger _____ \$ 6,090.92 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. _____ 0.00 Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) _____ 0.00 Line 4. FILING FEE. _____ \$ 725.00 TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here _____ \$ 6,815.92 EFT Trace # or TRANSACTION ID # Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)		Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 26687
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	1. Enter the total number of channels on which the cable system carried television broadcast stations	20
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	151
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
	Name Zaneta Denize	Telephone (608) 664-8517
	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number)	
	Madison, WI 53717 (City, town, state, zip)	
	Email finance@tdstelecom.com	Fax (optional)
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations.)	
	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	☐ (Owner other than corporation or partnership) I am 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	
	☒ (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.	
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/Thomas Bader	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	
	Typed or printed name: Thomas Bader	
	Title: Assistant Treasurer (Title of official position held in corporation or partnership)	
	Date: August 26, 2026	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC		SYSTEM ID# 26687	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 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? ☒ NO ☐ YES. Enter the total here and list the satellite carrier(s) below. \$			P Special Statement Concerning Gross Receipts Exclusion
Name		Name	
Mailing Address		Mailing Address	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment 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 - x 0.00274 Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$ - (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, accounting period, and ID number as given in the original filing. Owner Address First community served Accounting period ID number			Q Interest Assessment

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Add rows as necessary.
Remember to copy all formula into new rows.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC					SYSTEM ID# 26687		
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.							
	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF HOURS CARRIED BY SYSTEM	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DSE		
		÷	=		x	=		
		÷	=		x	=		
		÷	=		x	=		
		÷	=		x	=		
		÷	=		x	=		
		÷	=		x	=		
		÷	=		x	=		
SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,				0.00				
4 Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).							
	SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
		÷	=			÷	=	
SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,				0.00				
5 Total Number of DSEs	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.							
	1. Number of DSEs from part 2 ●			▶	1.00			
	2. Number of DSEs from part 3 ●			▶	0.00			
3. Number of DSEs from part 4 ●			▶	0.00				
TOTAL NUMBER OF DSEs				▶	1.00			

Form SA3E Long Form (Rev. 05-17)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC					SYSTEM ID#)# 26687
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1), 76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on file in the Licensing Division.					
	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS					
	1. CALL SIGN	2. PRIOR DSE	3. ACCOUNTING PERIOD	4. BASIS OF CARRIAGE	5. PRESENT DSE	6. PERMITTED DSE

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC	SYSTEM ID# 26687						
7 Computation of Base Rate Fee	Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 8 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 8. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions. BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? ☒ Yes—Complete part 8 of this schedule. ☐ No—Complete the following sections. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE <table border="1"><tr><td>Section 1</td><td>Enter the amount of gross receipts from space K (page 7). ▶ \$ 572,454.60</td></tr><tr><td>Section 2</td><td>Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶ _____</td></tr><tr><td>Section 3</td><td> If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). ▶ \$ _____ B. Enter 0.00701 of gross receipts (the amount in section 1). ▶ _____ C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ▶ _____ - D. Multiply line B by line C and enter here. ▶ \$ _____ E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) 0.00 Base Rate Fee. ▶ \$. </td></tr></table>		Section 1	Enter the amount of gross receipts from space K (page 7). ▶ \$ 572,454.60	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶ _____	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). ▶ \$ _____ B. Enter 0.00701 of gross receipts (the amount in section 1). ▶ _____ C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ▶ _____ - D. Multiply line B by line C and enter here. ▶ \$ _____ E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) 0.00 Base Rate Fee. ▶ \$.
Section 1	Enter the amount of gross receipts from space K (page 7). ▶ \$ 572,454.60							
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶ _____							
Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). ▶ \$ _____ B. Enter 0.00701 of gross receipts (the amount in section 1). ▶ _____ C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. ▶ _____ - D. Multiply line B by line C and enter here. ▶ \$ _____ E. Add lines A and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) 0.00 Base Rate Fee. ▶ \$.							

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Broadband Service LLCSection
4If the figure in section 2 is **more than 4.000**, compute your base rate fee here and leave section 3 blank.

- A. Enter 0.01064 of gross receipts
(the amount in section 1) ▶ \$
- B. Enter 0.00701 of gross receipts
(the amount in section 1) ▶ \$
- C. Multiply line B by 3.000 and enter here ▶ \$
- D. Enter 0.00330 of gross receipts
(the amount in section 1) ▶ \$
- E. Subtract 4.000 from total DSEs
(the figure in section 2) and enter here ▶
- F. Multiply line D by line E and enter here ▶ \$
- G. Add lines A, C, and F. This is your base rate fee.
Enter here and in block 3, line 1, space L (page 7)
Base Rate Fee ▶ \$

IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of te instead be reported on a community-by-community basis (subscriber groups) if the cable system reported Space G.

In General: If any of the stations you carried were partially distant, the statute allows you, in computing y receipts from subscribers located within the station's local service area, from your system's total gross re exclusion, you must:

First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable sy: DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate

Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both your cable system is wholly located outside all major television markets, complete block A only.

How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each pa carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your sut outside the station's local service area. A subscriber located outside the local service area of a station is same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which subscriber group must consist entirely of subscribers who are distant to exactly the same complement of system will have only one subscriber group when the distant stations it carried have local service areas as t

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for e In each section:

- Identify the communities/areas represented by each subscriber group.
- Give the call sign for each of the stations in the subscriber group's complement—that is, each station th subscribers in the group.
- If:
 - 1) your system is located wholly outside all major and smaller television markets, give each station's DSE 4 of this schedule; or,
 - 2) any portion of your system is located in a major or smaller television market, give each station's DSE a part 6 of this schedule.
- Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) in the paper SA3 form.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this page. In making this computation, use the DSE and gross receipts figure applicable to the particular sub DSEs for that group's complement of stations and total gross receipts from the subscribers in that group) actual calculations on the form.

LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Broadband Service LLC						SYSTEM ID# 26687		Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								8 Computation of Base Rate Fee for Partially Distant Stations
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA Alamogordo, NM				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KPHE-LD	1.00							
Total DSEs	1.00			Total DSEs	0.00			
Gross Receipts First Group	\$	572,454.60		Gross Receipts Second Group	\$	0.00		
Base Rate Fee First Group	\$	6,090.92		Base Rate Fee Second Group	\$	0.00		
THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs	0.00			Total DSEs	0.00			
Gross Receipts Third Group	\$	0.00		Gross Receipts Fourth Group	\$	0.00		
Base Rate Fee Third Group	\$	0.00		Base Rate Fee Fourth Group	\$	0.00		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)				\$ 6,090.92				