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

1

Return completed workbook

STATEME	ENT OF ACCOUNT	FOR COPYRIGE	IT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	-
-	ems (Short Form)		\$	For additional information, contact the U.S. Copyright
	of this workbook	02/25/2020	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
in the first tab			ALLOCATION NUMBER	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	
	2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20192	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period		J		
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full co	rporate title
Owner	List any other name or names under which	n the owner conducts the business of the	he cable system.	
	If there were different owners during the single statement of account and royalty fe		he last day of the accounting period should s ing period.	
	Check here if this is the system's first filing	r. If not, enter the system's ID number a	assigned by the Licensing Division.	10034
	LEGAL NAME OF OWNER/MAILING	GADDRESS 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 n	umber)		
	Madison, WI 53717-2152 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 (Number, street, rural route, apartment, or suite n	umber)		
	(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Broadband Service, LLC	10034
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated com	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	
	as the "first community." Please use it as the first community on all future filings.	· ·· ··· · · · · · · · · · · · · · · ·
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Area	identified city.	sine parks should be reported in parentileses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	TRUTH OR CONSEQUENCES	NM
Community	SIERRA	NM
	WILLAMSBURG	NM
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF C								TEM IC
Name	TDS Broadband Service							010	1003
		,							
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
—	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	•				,	L.I		
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•					2		
Rates	each category by counting the n	•		•		•			
	separately for the particular serv	ice at the rate i	ndicate	ed—not the nur	nber of se	ts receiving serv	vice).	Ū	
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed category, but do not include disc	•		,		rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block					ondary transmis	sion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not			0		0			
	categories, that person or entity subscriber who pays extra for ca				• •		•		
	first set" and would be counted of						idel Selvi		
	Block 2: If your cable system					service that are	e different f	from those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in the	e right-	hand block. A t	wo- or thre	e-word descript	ion of the	service is	
		DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATE	EGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SOBSCIVIDE			UA II		(IIOL	SOBSCINDENS	
	Service to first set		426	\$39.70/Mo.					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel		66	\$8.51-\$12.00					
	Commercial								
	Converter								
	Residential		144	\$5.95/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC		NSMI		s				•
-	In General: Space F calls for ratio				-	Il your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		uouun.	,		alged on a ran	anio hei h	. eg. a 2 a e.e,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a				-	-			
	brief (two- or three-word) descrip				1311CU. LISU				
								BLOCK 2	
	, , , , , , , , , , , , , , , , , , , ,	BI OC							
		BLOC RATE		GORY OF SER	VICE	RATE	CATEG		RATE
	CATEGORY OF SERVICE Continuing Services:	RATE	CATE	GORY OF SER ation: Non-res		RATE	CATEG	DRY OF SERVICE	RATE
	CATEGORY OF SERVICE	RATE	CATE Install			RATE	CATEG		RATE
	CATEGORY OF SERVICE Continuing Services:	RATE	CATE Install • Mo	ation: Non-res		RATE \$0 - \$99.95	CATEGO		RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable	RATE	CATE Install • Mo • Co	ation: Non-res otel, hotel			CATEGO		RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATE Install • Mo • Co • Pa	ation: Non-res otel, hotel mmercial	idential		CATEGO		RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATE Install • Mo • Co • Pa • Pa	ation: Non-res otel, hotel mmercial y cable	idential		CATEGO		RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE	CATE Install • Mo • Co • Pa • Pa • Fir	ation: Non-res otel, hotel mmercial y cable y cable-add'l cł	idential		CATEGO		RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 7.40-19.99	CATE Install • Mo • Co • Pa • Pa • Fir • Bu	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential	\$0 - \$99.95	CATEGO		RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 7.40-19.99 0-49.95	CATE Install • Mo • Co • Pa • Pa • Fir • Bu • Re	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential		CATEGO		RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 7.40-19.99 0-49.95	CATE Install • Mc • Co • Pa • Pa • Fir • Bu • Re • Dis	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection connect sconnect	idential	\$0 - \$99.95 	CATEGO		RATI
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 7.40-19.99 0-49.95	CATE Install • Mc • Co • Pa • Pa • Fir • Bu • Re • Dis	ation: Non-res otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	idential	\$0 - \$99.95	CATEGO		RAT

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	TDS Broadband Serv	ice, LLC		10034
	PRIMARY TRANSMITTERS:	TELEVISION		
G rimary smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channo of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the telev (RC is channel 4 in Washington, D.C. a case whether the station is a network s ering the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o erms, see page (iv) of the general instru- n of each station. For U.S. stations, list	(1) stations carried only on a part-t e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepu- r "E-M" (for noncommercial educati- ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	dian stations, if any, give the name of th	a community with which the station	4. LOCATION OF STATION
	KOAT	7.1	N	Albuquerque, NM
	KOAT-DT2	7.2	N-M	Albuquerque, NM
ws as Necessary	KOAT-DT2 KOAT-DT3	7.2 7.3	N-M N-M	Albuquerque, NM Albuquerque, NM
s as Necessary	KOAT-DT2 KOAT-DT3 KRQE	7.2 7.3 13.1	N-M N-M N	Albuquerque, NM Albuquerque, NM Albuquerque, NM
<i>is</i> as Necessary	KOAT-DT2 KOAT-DT3	7.2 7.3	N-M N-M	Albuquerque, NM Albuquerque, NM
; as Necessary	KOAT-DT2 KOAT-DT3 KRQE	7.2 7.3 13.1	N-M N-M N	Albuquerque, NM Albuquerque, NM Albuquerque, NM
is as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2	7.2 7.3 13.1 10.2	N-M N-M N N-M	Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM
ws as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2 KOBR	7.2 7.3 13.1 10.2 8.1	N-M N-M N N-M N	Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM Roswell, NM
vs as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2 KOBR KOBR-DT2	7.2 7.3 13.1 10.2 8.1 8.2	N-M N-M N N-M N	Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM Roswell, NM Roswell, NM
ws as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2 KOBR KOBR-DT2 KLUZ	7.2 7.3 13.1 10.2 8.1 8.2 14.1	N-M N-M N N-M N	Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM Roswell, NM Roswell, NM Albuquerque, NM
ws as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT	7.2 7.3 13.1 10.2 8.1 8.2 14.1 29.1	N-M N-M N N-M N N-M I I	Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM
ws as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT KUPT-DT2	7.2 7.3 13.1 10.2 8.1 8.2 14.1 29.1 29.2	N-M N-M N N-M N N-M I I	Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Hobbs, NM
ws as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT KUPT-DT2 KTEL	7.2 7.3 13.1 10.2 8.1 8.2 14.1 29.1 29.2 15.1	N-M N-M N N-M N N-M I I	Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Hobbs, NM
ws as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT KUPT-DT2 KTEL KRTN	7.2 7.3 13.1 10.2 8.1 8.2 14.1 29.1 29.2 15.1 29.3	N-M N-M N N-M N N-M I I	Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Hobbs, NM Hobbs, NM Hobbs, NM
ws as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT KUPT-DT2 KTEL KRTN KASA	7.2 7.3 13.1 10.2 8.1 8.2 14.1 29.1 29.2 15.1 29.3 2.1	N-M N-M N N-M N N-M I I I I I I I I I I	Albuquerque, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Hobbs, NM Hobbs, NM Hobbs, NM Hobbs, NM Hobbs, NM
ws as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT KUPT-DT2 KTEL KRTN KASA K42EY-D KRPV-DT	7.2 7.3 13.1 10.2 8.1 8.2 14.1 29.1 29.2 15.1 29.3 2.1 42.1	N-M N-M N N-M N N-M I I I I I I I I I I	Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM Roswell, NM Albuquerque, NM Albuquerque, NM Hobbs, NM Hobbs, NM Hobbs, NM Hobbs, NM Las Cruces, NM
ws as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT KUPT-DT2 KTEL KRTN KASA K42EY-D	7.2 7.3 13.1 10.2 8.1 8.2 14.1 29.1 29.2 15.1 29.3 2.1 42.1 27.1	N-M N-M N N-M N N-M I I I I I I I I I I	Albuquerque, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Hobbs, NM Hobbs, NM Hobbs, NM Las Cruces, NM Roswell, NM
ws as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT KUPT-DT2 KTEL KRTN KASA K42EY-D KRPV-DT	7.2 7.3 13.1 10.2 8.1 8.2 14.1 29.1 29.2 15.1 29.3 2.1 42.1 27.1	N-M N-M N N-M N N-M I I I I I I I I I I	Albuquerque, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Hobbs, NM Hobbs, NM Hobbs, NM Las Cruces, NM Roswell, NM
ws as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT KUPT-DT2 KTEL KRTN KASA K42EY-D KRPV-DT	7.2 7.3 13.1 10.2 8.1 8.2 14.1 29.1 29.2 15.1 29.3 2.1 42.1 27.1	N-M N-M N N-M N N-M I I I I I I I I I I	Albuquerque, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Hobbs, NM Hobbs, NM Hobbs, NM Las Cruces, NM Roswell, NM
ws as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT KUPT-DT2 KTEL KRTN KASA K42EY-D KRPV-DT	7.2 7.3 13.1 10.2 8.1 8.2 14.1 29.1 29.2 15.1 29.3 2.1 42.1 27.1	N-M N-M N N-M N N-M I I I I I I I I I I	Albuquerque, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Hobbs, NM Hobbs, NM Hobbs, NM Las Cruces, NM Roswell, NM
ws as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT KUPT-DT2 KTEL KRTN KASA K42EY-D KRPV-DT	7.2 7.3 13.1 10.2 8.1 8.2 14.1 29.1 29.2 15.1 29.3 2.1 42.1 27.1	N-M N-M N N-M N N-M I I I I I I I I I I	Albuquerque, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Hobbs, NM Hobbs, NM Hobbs, NM Las Cruces, NM Roswell, NM
ws as Necessary	KOAT-DT2 KOAT-DT3 KRQE KBIM-DT2 KOBR KOBR-DT2 KLUZ KUPT KUPT-DT2 KTEL KRTN KASA K42EY-D KRPV-DT	7.2 7.3 13.1 10.2 8.1 8.2 14.1 29.1 29.2 15.1 29.3 2.1 42.1 27.1	N-M N-M N N-M N N-M I I I I I I I I I I	Albuquerque, NM Albuquerque, NM Albuquerque, NM Albuquerque, NM Roswell, NM Roswell, NM Albuquerque, NM Hobbs, NM Hobbs, NM Hobbs, NM Hobbs, NM Las Cruces, NM Roswell, NM

LEGAL NAME OF								SYSTEM I 100
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
1/A								
						·		

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	TDS Broadband Servi	ce, LLC						10034
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tifv everv no	nnetwork telev	<i>ision program.</i> broadcast by	/ a <i>distant</i> sta	tion. that vo	our cable svs	tem carried on a
	substitute basis during the a	accounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or	authorizatio	ns. For a further
Substitute	explanation of the programn				he general in	structions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 		ur cable syster	n carry, on a substitute ba	isis, any noni	network tele	evision prog	
Program Log	broadcast by a distant sta	tion?				L	YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if tl	heir meaning	g is
				vision program ("substitute	e program") t	hat, during	the account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ted for the pr	ogramming	of another	station
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.			etball. List specific progra		example, i	LOVE LUCY	01
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		concod by	the ECC or	in
	the case of Mexican or Car							
	Column 5: Give the more	nth and day		stem carried the substitute			s, with the r	nonth
	first. Example: for May 7 gi		o cubetituto pr	ogram was carried by you	r cablo sveto	m list the	timos occur	atoly
	to the nearest five minutes			ogram was carried by you ried by a system from 6:01				atery
	stated as "6:00-6:30 p.m."				·	•		
	Column 7: Enter the lett to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976					Ũ		
	s	UBSTITUT	E PROGRAM	1		N SUBSTI AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
	N/A						_	
							_	
							_	
							_	
							_	
					·			
							_	
							_	
							_	

Accounting Period:	2019/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hamo	TDS Broadband Service, LLC	10034
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's secondar (as identified in space E) during the accounting period. For a further explanation of how to compage (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.	ry transmission service pute this amount, se
	COPYRIGHT ROYALTY FEE	
L 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 e Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 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 accounting period is \$52.00	pay for this six-month
	Line 1. Royalty fee for accounting period	
	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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than	\$137,100)
	1. Base amount under statutory formula	00.00
	2. Enter amount of gross receipts from space K	40.22
		59.78
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	110,959.78
	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	\$ 209.40
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less that	ın \$527,600)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,8	00.00
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	······
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	209.40
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 229.40
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the See page i of the general instructions in the paper SA1-2 form and the Excel instructions to	

Accounting Period:	2019/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: nd Service, LLC				SYSTEM ID# 10034
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	You must give (1) the number rs, and (2) the cable system's al number of channels on whi d television broadcast stations al number of activated channe cable system carried televisio cast services	total number of acti ch the cable s	vated channels during the		16 292
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accou		N IS NEEDED (Identify an	individual to whom	
for Further Information	Name	Stephanie Weber			Telephone	(608) 664-4721
	Address	525 Junction Rd (Number, street, rural route, apa Madison, WI 53717 (City, town, state, zip)	rtment, or suite number)			
	Email	finance@tdste	elecom.com		Fax (optional)	
O Certification	I, the undersign (Own (Ager in X (Offic in · I have examine	ned, hereby certify that (Check er other than corporation or nt of owner other than corpo line 1 of space B and that the cer or partner) I am an officer line 1 of space B. ed the statement of account an ite, and correct to the best of n	cone, <i>but only one</i> , of partnership) I am the partion or partnership owner is not a corpora- r (if a corporation) or ad hereby declare und	the boxes.) ne owner of the cable system i p) I am the duly authorized ration or partnership; or a partner (if a partnership) o der penalty of law that all sta	Copyright Office regulations) n as identified in line 1 of space agent of the owner of the cable f the legal entity identified as or tements of fact contained herei ade in good faith.	system as identified wner of the cable system
		Typed or printe Title:	Enter an electronic Enter signature usi ed name: Sharr Assistant Tr	aron V. Tisdale signature on the line above t ng an "/s/ signature" (e.g., /s on V. Tisdale easurer orporation or partnership)		
		Date:			25 February 2020	

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.

ounting Period: 2019/2	FORM SA1-2E. PAGI
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
S Broadband Service, LLC	100
 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheat for these revolty normants submitted as a result of a late normant or undernormant	
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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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