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				
	\$				
02/24/2020	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

	1	
Α	ACCOL	JNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20192 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
	1	instructions:
В	G	istructions: ive 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 f the subsidiary, not that of the parent corporation.
Owner	Li	ist any other name or names under which the owner conducts the business of the cable system.
		there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a ingle statement of account and royalty fee payment covering the entire accounting period.
	C	heck 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
	т	DS Metrocom, LLC
	В	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	N	IAILING ADDRESS OF OWNER OF CABLE SYSTEM
		325 Junction Rd Jumber, street, rural route, apartment, or suite number)
		Madison, WI 53717-2152
С		CTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	, 10	DENTIFICATION OF CABLE SYSTEM:
	' т	TDS Telecom, Inc.
	M	IAILING ADDRESS OF CABLE SYSTEM:
	2 78	
	Z (N	lumber, street, rural route, apartment, or suite number)
	(C	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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	TDS Metrocom, LLC	248
	Instructions: List each separate community served by the cable system. A "communit	y" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated cor	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	
	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.	p
Served		
	2-12-2-20	T
	CITY OR TOWN	STATE
First	Village of Merrimac	WI
Community	Village of Prairie du Sac	WI
	Village of Sauk City	WI
d Rows as Necessary	Town of Caledonia	WI
	Town of Greenfield	WI
	Town of Mazomanie	WI
	Town of Merrimac	WI
	Town of Prairie du Sac	WI
	Town of Roxbury	WI
	Town of Sumpter	WI
	Town of West Point	WI

Accounting Period: 2019/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Metrocom, LLC

#SYSTEM ID 24871

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2	2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	351	\$20/mo			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel	14	\$55.54/mo			
Commercial	16	\$55.54/mo			
Converter					
Residential	364	\$8/Mo.			
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$14-\$19.99	Motel, hotel			
 Pay cable—add'l channel 		Commercial	\$0 - \$49.95		
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	\$0-\$49.95	Burglar protection			
Additional set(s)	\$0-\$49.95	Other services:			
• FM radio (if separate rate)		Reconnect	\$0-\$25		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

24871

TDS Metrocom, LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
wkow	27.1	N	Madison, WI
WKOW-DT2	27.2	N-M	Madison, WI
WKOW-DT3	27.3	N-M	Madison, WI
WISC	3.1	N	Madison, WI
WISC-DT2	3.2	N-M	Madison, WI
WMSN	47.1	<u>l</u>	Madison, WI
WMSN-DT2	47.2	I-M	Madison, WI
WMSN-DT3	47.3	I-M	Madison, WI
WMSN-DT4	47.4	I-M	Madison, WI
WMTV	15.1	N	Madison, WI
WMTV-DT2	15.2	N-M	Madison, WI
WMTV-DT3	15.3	N-M	Madison, WI
WMTV-DT4	15.4	N-M	Madison, WI
WHA	21.1	E	Madison, WI
WHA-DT2	21.2	E-M	Madison, WI
WHA-DT3	21.3	E-M	Madison, WI
WHA-DT4	21.4	E-M	Madison, WI
WIFS	57.1	l	Janesville, WI
WIFS-DT2	57.2	I-M	Janesville, WI
WIFS-DT3	57.3	I-M	Janesville, WI
W43BR	43	l	Baraboo, WI

Accounting Period: 2019/2	FORM SA1-2E. PAGE 4
---------------------------	---------------------

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Metrocom, LLC 24871

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							
N/A							
	 						
							
							
							
	ļ						
	ļ						
	ļ						
	T						
							
							
							
							
	 						

counting Perio							FUR		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	TDS Metrocom, LLC							24871	
	SUBSTITUTE CARRIAG	F: SPECIA	AI STATEME	ENT AND PROGRAM I	ng				
1		_	_			tion that v	our cable sv	stem carried on a	
- Substitute	In General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> 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:					are general in	oti dotiono	in the paper	OTT 2 IOIIII.	
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
atement and rogram Log	broadcast by a distant sta	•	,	,	, ,		YES	X NO	
rogram Log	1		reat of this me	and blank If your anguer;	a "Vaa " vau		_		
	Note: If your answer is "No	, leave the	e rest or this pa	age blank. II your answer	s res, your	nust com	piete trie pro	gram	
	log in block 2. 2. LOG OF SUBSTITUT	E PROGRA	AMS						
	In General: List each subs		_	rate line. Use abbreviation	s wherever p	ossible, if	their meanir	ng is	
	clear. If you need more spa				11) (1)			C	
	period, was broadcast by a			vision program ("substitut our cable system substitu					
	under certain FCC rules, re	egulations,	or authorizatio	ns. See page (v) of the ge	eneral instruct	ions for fu	urther inform	ation.	
	Do not use general catego		ovies" or "bask	cetball." List specific progra	am titles, for e	example,	"I Love Lucy	" or	
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter	"No "				
	. 0		,	casting the substitute prog					
				the community to which the			the FCC or	, in	
	the case of Mexican or Cal			e community with which the estem carried the substitut			als with the	month	
	first. Example: for May 7 g	,	, milon your oy	otom ournou and oubouted	o program. o	oo mamor	aio, mai aio	monar	
				ogram was carried by you					
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.	m. should be	•	
		ter "R" if the	e listed program	m was substituted for prog	ramming that	t your sys	tem was req	uired	
	to delete under FCC rules							rogram	
	was substituted for program		your system w	as permitted to delete und	der FCC rules	and regu	ulations in		
	effect on October 19, 1976	i.							
					WHE	N SUBS	TITUTE		
	S	UBSTITUT	E PROGRAM		CARRI	AGE OC	CURRED		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	7. REASON FOI DELETION	
	1. TITLE OF PROGRAM		1		CARRI	AGE OC	CURRED		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OC 6.	CURRED TIMES		

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SY	STEM ID# 24871
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service amount, se	,306.60
	IIII ONTANT: Tou must complete a statement in space 1 concerning gross receipts.	(Amount of gro	ss receipts)
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 \$100.00 the second of 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.	\$263,80(
	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 the accounting period is \$52.00	his six-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		
	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 groce receipts from space K		
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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)		
	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)	52.00	
Due	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC		SYSTEM ID# 24871
M Channels	= ::	channels on which the cable system carried television broadcast stations al number of activated channels during the accounting period.	
Chaineis	Enter the total number of channels on which t system carried television broadcast stations	he cable	21
	Enter the total number of activated channels on which the cable system carried television by and nonbroadcast services		382
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHE we can contact about this statement of account.	R INFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Stephanie Weber	Telephone (6	608) 664-4721
	Address 525 Junction Rd (Number, street, rural route, apartme Madison, WI 53717 (City, town, state, zip)	nt, or suite number)	
	Email finance@tdstelec	om.com Fax (optional)	
	CERTIFICATION (This statement of account mus	t be certified and signed in accordance with Copyright Office regulations)	
O Certification	I, the undersigned, hereby certify that (Check one	e, but only one, of the boxes.)	
	(Owner other than corporation or par	rtnership) I am the owner of the cable system as identified in line 1 of space B;	or
		on or partnership) I am the duly authorized agent of the owner of the cable syner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a in line 1 of space B.	a corporation) or a partner (if a partnership) of the legal entity identified as owne	er of the cable system
		ereby declare under penalty of law that all statements of fact contained herein nowledge, information, and belief, and are made in good faith.	
		X /s/ Sharon V. Tisdale	
		inter an electronic signature on the line above to certify this statement. inter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed r	name: Sharon V. Tisdale	
		Assistant Treasurer ial position held in corporation or partnership)	
	Date:	24 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.

counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
S Metrocom, LLC	24871
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	
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	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* 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 th 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.