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

STATEM	ENT	OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Syste	ems (S	Short Form)		\$	For additional information,
General instru	uctions	are located			contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this	workbook	2-26-21	ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YYY	Y/(Period))	
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20202	Barcode Data Filing Period (optional -	see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of the the subsidiary, not that of the parent corport	-	ry of another corporation, give the full corp	orate title of
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 a statement of account and royalty fee paym		last day of the accounting period should su d.	bmit a single
		Check here if this is the system's first filing	. If not, enter the system's ID number ass	signed by the Licensing Division.	63819
		LEGAL NAME OF OWNER/MAILING			
		TDS Metrocom, LLC BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IE DIEFERENT)		
		Boolive So HAME (0) OF OWNER OF			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		525 Junction Road (Number, street, rural route, apartment, or suite nu	mber)		
		Madison, WI 53717 (City, town, state, zip)			
С		RUCTIONS: In line 1, give any busine s already appear in space B. In line 2			
System	4	IDENTIFICATION OF CABLE SYSTEM:			
	1	TDS Telecom, Inc.			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	mber)		
	_	and the survey rule route, apartment, of suite ne			

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SYSTEM ID# 63819
D	Instructions: List each separate community served by the cable system. A "c separate and distinct community or municipal entity (including unincorporat unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li community." Please use it as the first community on all future filings.	community" is the same as a "community unit" as defined in FCC rules: "a ted communities within unincorporated areas and including single, discrete st will serve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or city.	mobile home parks should be reported in parentheses below the identified
First	CITY OR TOWN Stevens Point	STATE WI
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM II
Name	TDS Metrocom, LLC								638′
Е	SECONDARY TRANSMISSION In General: The information in s			-	-	v transmission	service of	the cable	
	system, that is, the retransmissi								
Secondary	about other services (including partice	, , ,	,				those exis	sting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both					,	ble syster	n, broken	
scribers and	down by categories of secondar					•			
Rates	each category by counting the n							s charged	
	separately for the particular servert Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide	•		Ũ		•			
	that applies to your system. Not							0,	
	categories, that person or entity	should be cou	nted as	a subscriber in e	each app	licable category	. Example	e: a residential	
	subscriber who pays extra for ca					d in the count u	nder "Serv	vice to the	
	first set" and would be counted of Block 2: If your cable system	0			()	service that are	e different	from those	
	printed in block 1 (for example, t	0							
	with the number of subscribers a	and rates, in the	e right-	hand block. A two	o- or thre	e-word descript	ion of the	service is	
	sufficient.						BLOC	К 2	
	_	NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	• Service to first set		352	\$25/mo					
	Service to additional set(s)		352	\$25/mo					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		8	\$55.54/mo					
	Converter								
	Residential		352	\$6/Mo.					
	Non-residential								
									l
	SERVICES OTHER THAN SEC In General: Space F calls for ra	-			pect to a	ll vour cable sv	stem's sei	rvices that were	
F	not covered in space E, that is,				-				
	service for a single fee. There a								
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the un enter only the letters "PP" in the		usualiy	y billed. If any fat	es ale ci	larged on a var	lable per-	biograffi basis,	
ransmissions:	Block 1: Give the standard ra	te charged by t							
Rates	Block 2: List any services tha				•	•	•		
	listed in block 1 and for which a brief (two- or three-word) descript		-		hed. List	these other ser	vices in th	ne form of a	
								DI OOK A	
	CATEGORY OF SERVICE	BLO RATE	-	GORY OF SERV	ICE	RATE	CATEG	BLOCK 2 BORY OF SERVICE	RA
	Continuing Services:			ation: Non-resid					
	• Pay cable	14-19.99/mo	• Mo	otel, hotel					
	• Pay cable—add'l channel		۰Co	ommercial		\$0-\$49.95			
	Fire protection		• Pa	ıy cable					
	 Burglar protection 		•Pa	iy cable-add'l cha	annel				
	Installation: Residential		• Fir	e protection					
	• First set	\$0-\$49.95		rglar protection					
	Additional set(s)	\$0-\$49.95		services:					
	 FM radio (if separate rate) 			connect		\$0-\$25			
	• Converter			sconnect		10.00.00			
	• Converter		• OL	sconnect utlet relocation ove to new addre		19.98-39.96			

	LEGAL NAME OF OWNER OF	E CABLE SYSTEM:		SYSTEM
Name	TDS Metrocom, LLC	F UADLE STOTEM.		638
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters:	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as	entify every television station (including tra m during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61(as explained in the next paragraph.	1) stations carried only on a part-ti carriage of certain network progra (e)(2) and (4))]; and (2) certain sta	me basis under ams [sections tions carried on a
Television	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 a	also in space I, if the station was carried b	Special Statement and Program I	Log)—if the
	Column 1: List each station multicast stream associated "WETA-2" as the same on t		ogram services such as HBO, ESF air designation. For example, repo	PN, etc. Identify each ort multistream
	of license. For example, W Column 3: Indicate in each educational station, by ente	el number the FCC assigned to the televi- /RC is channel 4 in Washington, D.C. h case whether the station is a network sta ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or	ation, an independent station, or a or network multicast), "I" (for indep	noncommercial endent), "I-M"
	For the meaning of these te Column 4: Give the locatio	, "E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the	tions in the paper SA1-2 form. ne community to which the station	is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAOW	9.1	N	Wausau, WI
	WAOW-DT2	9.2	N-M	Wausau, WI
d Rows as Necessary	WAOW-DT3	9.3	N-M	Wausau, WI
d Rows as Necessary	WAOW-DT3 WAOW-DT4	9.3 9.4	N-M	Wausau, WI Wausau, WI
d Rows as Necessary				
d Rows as Necessary	WAOW-DT4	9.4	N-M	Wausau, WI
d Rows as Necessary	WAOW-DT4 WAOW-DT5	9.4 9.5	N-M N-M	Wausau, WI Wausau, WI
d Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM	9.4 9.5 20.1	N-M N-M E	Wausau, WI Wausau, WI Wausau, WI
d Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2	9.4 9.5 20.1 20.2	N-M N-M E E-M	Wausau, WI Wausau, WI Wausau, WI Wausau, WI
ld Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3	9.4 9.5 20.1 20.2 20.3	N-M N-M E E-M E-M	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Wausau, WI
ld Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4	9.4 9.5 20.1 20.2 20.3 20.4	N-M N-M E E-M E-M E-M	Wausau, WI
ld Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW	9.4 9.5 20.1 20.2 20.3 20.4 7.1	N-M N-M E E-M E-M E-M N-M	Wausau, WI
d Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2	9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2	N-M N-M E E-M E-M E-M N-M N-M	Wausau, WI
d Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3	9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3	N-M N-M E E-M E-M E-M N-M N-M	Wausau, WI
ld Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT2 WSAW-DT3 WTPX	9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 46.1	N-M N-M E E-M E-M E-M N-M N-M N-M N-M	Wausau, WI Rhinelander, WI
d Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT2 WSAW-DT3 WTPX WJFW	9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 46.1 12.1	N-M N-M E E-M E-M E-M N-M N-M N-M N-M N-M	Wausau, WI Wausau, WI
d Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT2 WSAW-DT3 WTPX WJFW	9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 46.1 12.1	N-M N-M E E-M E-M E-M N-M N-M N-M N-M N-M	Wausau, WI Rhinelander, WI
id Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT2 WSAW-DT3 WTPX WJFW	9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 46.1 12.1	N-M N-M E E-M E-M E-M N-M N-M N-M N-M N-M	Wausau, WI Rhinelander, WI
id Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT2 WSAW-DT3 WTPX WJFW	9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 46.1 12.1	N-M N-M E E-M E-M E-M N-M N-M N-M N-M N-M	Wausau, WI Rhinelander, WI
id Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT2 WSAW-DT3 WTPX WJFW	9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 46.1 12.1	N-M N-M E E-M E-M E-M N-M N-M N-M N-M N-M	Wausau, WI Rhinelander, WI
id Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT2 WSAW-DT3 WTPX WJFW	9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 46.1 12.1	N-M N-M E E-M E-M E-M N-M N-M N-M N-M N-M	Wausau, WI Rhinelander, WI

unting Period:	2020/2			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	TDS Metrocom, LLC			638
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part-time	e basis under
Primary ansmitters:	76.59(d)(2) and (4), 76.61(e substitute program basis, as	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain station	ns carried on a
Television	basis under specific FCC ru	: With respect to any distant stations caules, regulations, or authorizations: e in space G—but do list it in space I (th		
	station was carried only on		le opecial clatement and i rogram Log	
	• List the station here, and a basis. For further information	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	see page (v) of the general instruction	IS.
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the	e-air designation. For example, report r	multistream
	of license. For example, W Column 3: Indicate in each	RC is channel 4 in Washington, D.C.	station, an independent station, or a no	oncommercial
	educational station, by ente	ring the letter "N" (for network). "N-M" (for network multicast), "I" (for independ	
		S		
	(for independent multicast),	"E" (for noncommercial educational), c		al multicast).
	(for independent multicast), For the meaning of these te	"E" (for noncommercial educational), c erms, see page (iv) of the general instru	ctions in the paper SA1-2 form.	
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), c	ictions in the paper SA1-2 form. the community to which the station is I	licensed by the
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list	ictions in the paper SA1-2 form. the community to which the station is I	licensed by the
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is i	licensed by the identified.

LEGAL NAME OF								SYSTEM I 638
	every radio s	tation ca	rried on a separate and discre				ied on an	н
ecceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If signal, indicate t	it is carried by nonitoring, to rrmation about m. lentify the call tate whether t the radio stati his by placing	the sys be recein the Co sign of e he static on's sign a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM anten his point, see pag ed by the cable sy	dend, and (2) nna, during ce e (v) of the ge ystem as a se) it can b ertain sta eneral in: parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
Mexican or Can	adian stations	, if any, t	the community with which the	station is identifie	d).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								
						L		
			t					

Name LEGAL NAME OF DOWNER OF CARLE SYSTEM: SYSTEM INC. I SUBSTTUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG Incentation of the program of the accounting period, under specific peers and former FCC rules, regulations, or authorization. Incentation the program of the accounting period, under specific peers and former FCC rules, regulations, or authorization of the program of the most included in the locate site of the peers and the paper SA12 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE *Um the accounting period, divy our cable system carried on a subsitue basis, any nonnetwork identities period peers and former FCC rules, regulations, or authorization of the program logic divide system cabatitue basis, any nonnetwork identities period peers and the paper SA12 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE *Nom the accounting period, divy our cable system cabatitue basis, any nonnetwork identifies program logic divide system cabatitue basis, any nonnetwork identifies period period within the paper SA12 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE *Nom the accounting period, divy our cable system cabatitue basis, any nonnetwork identifies on camping in the accounting period, divy our cable system cabatitue basis, any nonnetwork identifies on camping in the accounting period. 1. OG OF SUBSTITUTE PROGRAMS *Nom the common the system carried the system carried for the program logic divide program. 1. Out use general catagories in the invision period with the station is conneting. *Nom the common the system carries the system station is conneting.	Accounting Perio						FOR	M SA1-2E. PAGE 5.
Inswerrocom, LLC 63819 Inswerrocom, LLC 63819 Inswerrocom, LLC 63819 Substitute Substitute Substitute Inserent: in space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a 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 page SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • Using the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • Were **********************************	Now -		F CABLE SYST	EM:				
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a 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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Program Log 1. Units that station?	Name	TDS Metrocom, LLC						63819
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Statement and Program Log • Unding the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Television program (Substitute program (Substitute program (Substitute program)) Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 3: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is identified). Column 4: Give the broat add additional row as carried by substitute program. Column 5: Give the month and day when your system carried by substitute program. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Colum 7: Enter the letter "F" if the listed program was substituted for	-	1. SPECIAL STATEMEN		NING SUBST	TUTE CARRIAGE			
Program Log broadcast by a distant station? Image: Signal Content of the state of the spage blank. If your answer is "Yes," you must complete the program log in block 2. Oute: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program. The set of the station broadcasting the substitute program. Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is lidentified). Column 6: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 6: State the times when the substitute program was substituted for programming that yo		 During the accounting per 	eriod, did you	r cable system	carry, on a substitute basi	is, any nonne	etwork tele <u>visio</u> n progra	<u>m</u>
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Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE CARRIAGE OCCURRED 1. TITLE OF PROGRAM 2. LIVE? YEATION'S LOCATION YEATION'S LOCATION		Do not use general catego "NBA Basketball: 76ers vs	ories like "mo 5. Bulls."	vies" or "baske	tball." List specific program	n titles, for ex		
Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE UBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 4. STATION'S LOCATION 6. TIMES DELETION		Column 3: Give the cal Column 4: Give the bro	l sign of the s badcast static	station broadca	nsting the substitute progra the community to which the	m. station is lice	•	
Stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S Yes or No CALL SIGN 4. STATION'S LOCATION 5. MONTH 6. TIMES AND DAY FROM TO		Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim	onth and day ive "5/7." nes when the	when your sys	tem carried the substitute	program. Use cable system	e numerals, with the mo	
WHEN SUBSTITUTE SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? Yes or No 3. STATION'S CALL SIGN 4. STATION'S LOCATION 5. MONTH 6. TIMES AND DAY 6. TIMES		stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	" tter "R" if the and regulatio	listed program	was substituted for progra iring the accounting period	mming that y ; enter the le	, our system was <i>require</i> tter "P" if the listed prog	
SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON FOR DELETION 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S CALL SIGN 5. MONTH 6. TIMES Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM TO		effect on October 19, 1970	6.					
1. TITLE OF PROGRAM 2. LIVE? Yes or No 3. STATION'S CALL SIGN 4. STATION'S LOCATION 5. MONTH 6. TIMES DELETION			SUBSTITUT	E PROGRAM				7. REASON FOR
NA Image: Section of the section of			2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
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Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	S	(STEM ID# 63819
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion service nount, see	5,939.89 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 \$2 • 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 th accounting period is \$52.00 Line 1. Royalty fee for accounting period	is six-month	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 \$137,10	00)	
	1. Base amount under statutory formula \$ 263,800.00 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		
	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 \$527,6	600)	
	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) \$	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 Due	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 #		
	Important: 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 mo		

Accounting Period:	2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SYSTEM ID# 63819
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 system carried television broadcast stations	15
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	318
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Stephanie Weber Telephone	(608) 664-4721
	Address 525 Junction Rd	
	(Number, street, rural route, apartment, or suite number) Madison, WI 53593	
	(City, town, state, zip)	
	Email <u>Finance@tdstelecom.com</u> Fax (optional	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• 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 sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned in line 1 of space B.	er of the cable system
	 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/ 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 official position held in corporation or partnership)	
	Date: February 26, 2021	

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.

bunting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
S Metrocom, LLC	63819
 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 Name	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessment
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	Q Interest Assessment
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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	Q Interest Assessment

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.