Submitting the form

This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).

• When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at coplicsoa@copyright.gov. Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

General Instructions

Alphabetization: Alphabetization is NOT required for any spaces.

• Protection: Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.

• Navigation: To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.

· Data Input: Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

Detailed instructions are located at the end of the paper SA1-2 form, located at: https://www.copyright.gov/forms/sa1-2.pdf

Page 1 – Spaces A-C

• Space A – fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, "2017/1").

• Space B – If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.

• Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.

• Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (*e.g.*, for 2017/1 fill-in "20171"). DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH. IN BETWEEN THE YEAR AND NUMBER.

· For the barcode to display properly on the form, a barcode font must be downloaded. The following address offers a free bar code font:

http://www.barcoderesource.com/freebarcodefont.shtml

Page 2 – Space D

· Information can be manually entered into the highlighted areas.

Page 2 – Spaces E-F

· Information can be manually entered into the highlighted areas.

Page 3 – Space G

· Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

Page 4 - Space H

Information can be manually entered into the highlighted areas.

Page 5 – Space I

· Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 – Spaces K-L

- Space K input the total gross receipts for the cable system in the highlighted box.
- Space L The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.
- · Space L Enter the EFT Transaction, trace, or tracking ID number, which is a minimum of 8 alpha-numeric characters (for example, "2841H3KC" or "141351782016654". The length of the EFT ID number varies depending on the type of EFT payment used.

Page 7 – Spaces M-O

- · Manually enter information into highlighted spaces as applicable.
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith). An EFT tracking ID must first be entered in page 6, space L before the worksheed will allow a signture to be entered.

Page 8 – Spaces P-Q

· Manually enter information into highlighted spaces as applicable.

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					
2-26-21	\$					
	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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20202 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		TDS Metrocom, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 525 Junction Road
		(Number, street, rural route, apartment, or suite number)
		Madison, WI 53717 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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	1	IDENTIFICATION OF CABLE SYSTEM:
		TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notic	e: Sectio	In 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 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.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name	TDS Metrocom, LLC	638					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums identified city.	s, or mobile home parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	Cottage Grove	WI					
Community							
d Rows as Necessary							
nows as necessary							

	LEGAL NAME OF OWNER OF C		FORM SA1-2E. PAGE 2 SYSTEM ID#							
Name	TDS Metrocom, LLC							6382		
				DATES						
E	SECONDARY TRANSMISSION In General: The information in s	v transmission	service of	the cable						
	system, that is, the retransmission	•	-		•					
Secondary	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).									
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot	hla svetam	broken							
scribers and	down by categories of secondar	•				2				
Rates	each category by counting the n		•		•					
	separately for the particular serv									
	Rate: Give the standard rate of unit in which it is generally billed	-					-			
	category, but do not include disc	· ·	,			is within a				
	Block 1: In the left-hand block				ondary transmis	ssion servi	ce that cable			
	systems most commonly provide									
	that applies to your system. Not categories, that person or entity		-		-					
	subscriber who pays extra for ca									
	first set" and would be counted of	once again und	ler "Service to addit	onal set(s)."						
	Block 2: If your cable system	•	•							
	printed in block 1 (for example, t with the number of subscribers a									
	sufficient.	and rates, in th	e fight-hand block.		e-word descript					
	BL	OCK 1				BLOCK	(2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATE	EGORY OF SEF		NO. OF SUBSCRIBERS	RA		
	Residential:	JUBJURID	ERS RATE	CAT	EGORT OF SER	NICE	SUBSCRIBERS	TVA		
	Service to first set		483 \$25/m	, .						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		17 \$55.54/mo	>						
	Converter									
	Residential		483 \$6/Mo							
	Non-residential									
								•		
_	SERVICES OTHER THAN SEC In General: Space F calls for ra				Il vour cable sv	stem's serv	vices that were			
F	not covered in space E, that is, t									
	service for a single fee. There are	•		•			,			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	-		usually billed. If all	y fales are ci	largeu on a van	able pei-p	rogram basis,			
ransmissions:	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.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
		BLO			DATE		BLOCK 2			
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY OF S		RATE	CATEGO	ORY OF SERVICE	RAT		
	Pay cable	14-19.99/mo	Motel, hotel	esidentiai						
	Pay cable—add'l channel		Commercial		\$0 - \$49.95					
			Pay cable							
	Fire protection		, , , , , , , , , , , , , , , , , , , ,	abannal						
	Fire protection Burglar protection		 Pay cable-add' 	channel						
			 Pay cable-add' Fire protection 	channel						
	•Burglar protection	\$0-\$49.95	-							
	•Burglar protection Installation: Residential	\$0-\$49.95 \$0-\$49.95	Fire protection							
	•Burglar protection Installation: Residential • First set		Fire protectionBurglar protection		\$0-\$25					
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire protection • Burglar protecti Other services:		\$0-\$25					
	•Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		 Fire protection Burglar protection Other services: Reconnect 	on	\$0-\$25 19.98-39.96					

Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE						
Name	TDS Metrocom, LLC			6						
	PRIMARY TRANSMITTERS	: TELEVISION								
G	-	dentify every television station (including tr								
Ŭ	carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections									
Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.										
Television	Substitute Basis Station	ns: With respect to any distant stations car	rried by your cable system on a s	ubstitute program						
		rules, regulations, or authorizations: ere in space G—but do list it in space I (the	e Special Statement and Progran	n Log)—if the						
	station was carried only o		-							
	basis. For further informat	d also in space I, if the station was carried tion concerning substitute basis stations, s	see page (v) of the general instru	ctions.						
		on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	+	-						
	"WETA-2" as the same or	n the form.								
		nel number the FCC assigned to the telev WRC is channel 4 in Washington, D.C.	ISION STATION FOR DROADCASHING OVE	er the air in its community						
		ch case whether the station is a network si tering the letter "N" (for network), "N-M" (fo								
	(for independent multicast	t), "E" (for noncommercial educational), or	"E-M" (for noncommercial educa							
		terms, see page (iv) of the general instruction of each station. For U.S. stations, list t		n is licensed by the						
	FCC. For Mexican or Can	adian stations, if any, give the name of the	e community with which the station	on is identified.						
	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						
ows as Necessary	WKOW-DT3	27.3	N-M	Madison, WI						
	WKOW-DT4	27.4	N-M	Madison, WI						
	WKOW-DT5	27.5	N-M	Madison, WI						
		I		1						
	WISC	3.1	N	Madison, WI						
	WISC WISC-DT2	3.1	N N-M	Madison, WI Madison, WI						
	WISC-DT2	3.2	N-M	Madison, WI						
	WISC-DT2 WISC-DT3	3.2 3.3	N-M N-M	Madison, WI Madison, WI						
	WISC-DT2 WISC-DT3 WMSN	3.2 3.3 47.1	N-M N-M N	Madison, WI Madison, WI Madison, WI						
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2	3.2 3.3 47.1 47.2	N-M N-M N N-M	Madison, WI Madison, WI Madison, WI Madison, WI						
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3	3.2 3.3 47.1 47.2 47.3	N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI						
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4	3.2 3.3 47.1 47.2 47.3 47.4	N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI						
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV	3.2 3.3 47.1 47.2 47.3 47.4 15.1	N-M N-M N-M N-M N-M N-M N	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI						
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2	3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2	N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI						
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT2	3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3	N-M N-M N-M N-M N-M N N-M N-M N-M	Madison, WI						
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT2 WMTV-DT3 WMTV-DT4	3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4	N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI						
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5	3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI						
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT3 WMTV-DT4 WMTV-DT5 WHA	3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5 21.1	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI						
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV-DT4 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WHA WHA-DT2	3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5 21.1 21.2	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI						
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV-DT4 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WHA WHA-DT2 WHA-DT2	3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5 21.1 21.2 21.3	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI						

ounting Period:	-			0/075						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEI						
-	TDS Metrocom, LLC			65						
	PRIMARY TRANSMITTERS:	TELEVISION								
~	In General: In space G, ider	ntify every television station (including	g translator stations and low power tele	evision stations)						
G	carried by your cable system	n during the accounting period, except	ot (1) stations carried only on a part-tim	ne basis under						
	5	· · · · · ·	the carriage of certain network progran	•						
Primary			61(e)(2) and (4))]; and (2) certain static	ons carried on a						
ransmitters:		explained in the next paragraph.	carried by your cable system on a subs	titute program						
Television		es, regulations, or authorizations:	amed by your cable system on a sub-	situte program						
			the Special Statement and Program Lo	og)—if the						
	station was carried only on a			57						
	 List the station here, and a 	lso in space I, if the station was carrie	ed both on a substitute basis and also	on some other						
			, see page (v) of the general instructio							
		• • •	program services such as HBO, ESPN	-						
		0	e-air designation. For example, report	tmultistream						
	"WETA-2" as the same on the channel		evision station for broadcasting over th	e air in ite community						
		RC is channel 4 in Washington, D.C.	EVISION Station for broadcasting even a							
			station, an independent station, or a r	noncommercial						
		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"								
	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).									
				nal multicast).						
	(for independent multicast), For the meaning of these ter	"E" (for noncommercial educational), ms, see page (iv) of the general instr	or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	,						
	(for independent multicast), For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), ms, see page (iv) of the general instr of each station. For U.S. stations, lis	or "E-M" (for noncommercial education	licensed by the						
	(for independent multicast), For the meaning of these ter Column 4: Give the location	"E" (for noncommercial educational), ms, see page (iv) of the general instr of each station. For U.S. stations, lis	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. It the community to which the station is	licensed by the						
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis ian stations, if any, give the name of	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	licensed by the s identified.						
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis ian stations, if any, give the name of	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	licensed by the s identified.						
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis ian stations, if any, give the name of	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	licensed by the s identified.						
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis ian stations, if any, give the name of	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	licensed by the s identified.						
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis ian stations, if any, give the name of	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	licensed by the s identified.						
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis ian stations, if any, give the name of	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	licensed by the s identified.						
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis ian stations, if any, give the name of	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	licensed by the s identified.						
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis ian stations, if any, give the name of	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	licensed by the s identified.						
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis ian stations, if any, give the name of	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	licensed by the s identified.						
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	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis ian stations, if any, give the name of	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	licensed by the s identified.						
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis ian stations, if any, give the name of	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	licensed by the s identified.						
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis ian stations, if any, give the name of	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	licensed by the s identified.						
	(for independent multicast), For the meaning of these ter Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis ian stations, if any, give the name of	or "E-M" (for noncommercial educatior uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	licensed by the s identified.						
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TDS Metroc	OWNER OF							SYSTEM 63
								63
	t every radio s	station o) carried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation abourn. dentify the cal tate whether the radio star this by placin Sive the statio	y the sy be rece ut the C I sign of the stati tion's sig g a chee n's loca	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. ion is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which th , the community with which th	at the system's FM and this point, see seed by the cable the station is lice	headend, and ntenna, during page (v) of the e system as a ensed by the F	(2) it ca gertain genera separat	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitter: Radio
CALL SIGN					-	S/D		
	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								
							·	
			·			ł		
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ccounting Perio									
Name	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID	
Naille	TDS Metrocom, LLC							6382	
	SUBSTITUTE CARRIAG				G				
					0				
	In General: In space I, ident								
0	substitute basis during the a explanation of the programm	• •		•					
Substitute Carriage:		-			e general inst		paper SA	1-2 101111.	
Special	 SPECIAL STATEMEN During the accounting per 				sis any nonne	stwork televis	ion progra	m	
Statement and	broadcast by a distant sta			ourly, on a substitute but	is, any norme		- · · ·	XNO	
Program Log	,						YES		
	Note: If your answer is "No	o", leave the	rest of this pag	je blank. If your answer is	"Yes," you m	ust complete	the progra	Im	
	log in block 2. 2. LOG OF SUBSTITUTI		MS						
	In General: List each subs			te line. Use abbreviations	wherever pos	ssible, if their	meaning is	s	
	clear. If you need more spa	ace, please a	add additional	rows to the tables.			-		
				ision program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor	ries like "mo							
	"NBA Basketball: 76ers vs.		least live and	* "Vee " Otherwise "	No."				
				r "Yes." Otherwise enter " Isting the substitute progra					
	Column 4: Give the broa	adcast statio	on's location (th	ne community to which the	e station is lice	,	FCC or, in		
	the case of Mexican or Car			2		,			
	first. Example: for May 7 gi		wnen your sys	tem carried the substitute	program. Use	e numerais, v	vith the mo	ntn	
	. , , ,		e substitute pro	gram was carried by your	cable system	. List the time	es accurate	ely	
	to the nearest five minutes.	. Example: a	a program carri	ed by a system from 6:01	:15 p.m. to 6:2	28:30 p.m. sh	ould be		
	stated as "6:00–6:30 p.m."	tor "P" if the	listed program	was substituted for progr	amming that y	our evetern	vas requir	red	
	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was require								
							listed prog		
	to delete under FCC rules a was substituted for program	and regulation mming that y	ons in effect du	iring the accounting period	d; enter the le	tter "P" if the			
	to delete under FCC rules	and regulation mming that y	ons in effect du	iring the accounting period	d; enter the le	tter "P" if the			
	to delete under FCC rules a was substituted for program	and regulation mming that y	ons in effect du	iring the accounting period	d; enter the le er FCC rules a	tter "P" if the	ns in		
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation nming that y	ons in effect du	rring the accounting period s permitted to delete unde	d; enter the le er FCC rules a	tter "P" if the and regulation	UTE RRED	ram 7. REASON FO	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	ram	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 . 1. TITLE OF PROGRAM	and regulation nming that y SUBSTITUT	ons in effect du rour system wa	rring the accounting period s permitted to delete unde	d; enter the le er FCC rules a WHE CARRI	tter "P" if the and regulation	UTE RRED	ram 7. REASON F	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	7. REASON F	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 . 1. TITLE OF PROGRAM	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	7. REASON F	
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	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 . 1. TITLE OF PROGRAM	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	7. REASON F	
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	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 . 1. TITLE OF PROGRAM	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	ram 7. REASON F	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 . 1. TITLE OF PROGRAM	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	ram 7. REASON F	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 . 1. TITLE OF PROGRAM	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	ram 7. REASON F	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 . 1. TITLE OF PROGRAM	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	ram 7. REASON F	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 . 1. TITLE OF PROGRAM	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	ram 7. REASON F	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 . 1. TITLE OF PROGRAM	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	7. REASON F	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 . 1. TITLE OF PROGRAM	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	ram 7. REASON F	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 . 1. TITLE OF PROGRAM	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	ram 7. REASON F	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 . 1. TITLE OF PROGRAM	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	ram 7. REASON F	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 . 1. TITLE OF PROGRAM	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	7. REASON F	
	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 . 1. TITLE OF PROGRAM	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	ram 7. REASON F	
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	to delete under FCC rules a was substituted for prograr effect on October 19, 1976 . 1. TITLE OF PROGRAM	and regulation ming that y	E PROGRAM	rring the accounting period	d; enter the le er FCC rules a WHE CARRI 5. MONTH	Itter "P" if the and regulation N SUBSTIT	UTE RRED MES	ram 7. REASON FO	

Accounting Period:	2020/2 FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: STDS Metrocom, LLC	8YSTEM ID# 63821
K Gross Receipts		c
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 more than \$137,100 but less than or equal to \$263,80(• Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period \$ Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	<u>52.00</u> 0.00 52.00
	6. Subtract line 5 from line 4	0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	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 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 Copyrights See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information	

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNE TDS Metrocom, LL				SYSTEM ID# 63821
M Channels	to its subscribers, and 1. Enter the total num	d (2) the cable system's tota	tal numb the cabl	s on which the cable system carried television broadcast stations ber of activated channels during the accounting period.	22
	on which the cable s	ber of activated channels system carried television br ervices			380
N Individual to Be Contacted		CONTACTED IF FURTHEI this statement of account.)		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Ste	ephanie Weber		Telephone	608) 664-4721
	(Nur Ma	5 Junction Rd nber, street, rural route, apartmer adison, WI 53593 r, town, state, zip)	ent, or sui	te number)	
	Email	Finance@tdstelecom	<u>n.com</u>	Fax (optional)	
O Certification	I, the undersigned, he (Owner oth (Agent of o in line 1 X (Officer or in line 1 I have examined the	ereby certify that (Check one er than corporation or part wner other than corporatio of space B and that the owr partner) I am an officer (if a of space B. statement of account and he d correct to the best of my ka	ne, <i>but or</i> rtnershi ion or p mer is na a corpor a corpor knowled	ip) I am the owner of the cable system as identified in line 1 of space artnership) I am the duly authorized agent of the owner of the cable ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as c eclare under penalty of law that all statements of fact contained here ge, information, and belief, and are made in good faith.	e B; or e system as identified owner of the cable system
				/s/ Sharon V. Tisdale electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed n	name:	Sharon V. Tisdale	
				tant Treasurer on held in corporation or parthership)	
		Date:		February 26, 2021	
Privacy Act Notice	Section 111 of title 17 of	the United States Code autho	orizes th	e Copyright Office to collect the personally identifying information (PII) r	equested on this

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
S Metrocom, LLC	63821
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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.	Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
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	—
x days 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	

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.

C	Cable Worksheet		Total amount of remittance	Nur	nber of SAs rec'o	d	Initials	
			Date of remittance	Check	🗆 EFT	🗖 FILI	NG FEES	
Cable ID #						Amount	Initials	
Examined by	Reviev	ved by	Date examination completed	Allocatio	on number			
Space A Accounting			(enter four digit year and	l /1 (for Jan-Jun	period) or /2 (for Jul	l-Dec period) No sp	aces)	
Period	Letter sent			Information re	eceived			
	Accepted		C	Phone call/Da	te/Contact			
Space B Owner								
	Letter sent			Information re	eceived			
	Accepted Phone call/Date/Contact							
Space D Area Served								
	Letter sent		Ľ	Information re	eceived			
	Accepted		C	Phone call/Da	te/Contact			
Space E Secondary Transission								
Service Subscribers:	Letter sent		Information received					
and Rates	Accepted Phone call/Date/Contact							
Space G Primary Transmitters:								
Television	Letter sent		l	Information r	eceived			
	Accepted			Phone call/Da	te/Contact			
Space H Primary Transmitters:								
Radio	Accepted		[Phone call/Da	te/Contact			

		Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
	Phone call/Date/Contact	