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.

## SA3E Long Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

| FOR COPYRIGHT OFFICE USE ONLY |                      |  |  |  |  |
|-------------------------------|----------------------|--|--|--|--|
| DATE RECEIVED                 | AMOUNT               |  |  |  |  |
| 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                    | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                              |               |  |  |  |  |  |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------|---------------|--|--|--|--|--|
| Accounting<br>Period | 2020/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                              |               |  |  |  |  |  |
| Period               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                              |               |  |  |  |  |  |
| <b>B</b><br>Owner    | Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  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.  63703 |                    |                              |               |  |  |  |  |  |
|                      | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                              |               |  |  |  |  |  |
|                      | TDS Metrocom, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                              |               |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                              |               |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                              | 6370320202    |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                              | 63703 2020/2  |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                              | 2020/2        |  |  |  |  |  |
|                      | 525 Junction Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                              |               |  |  |  |  |  |
|                      | Madison, WI 53717-2152                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                              |               |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                              |               |  |  |  |  |  |
| С                    | <b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to id names already appear in space B. In line 2, give the mailing address of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                              |               |  |  |  |  |  |
| System               | IDENTIFICATION OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | , ,                |                              | '             |  |  |  |  |  |
| <b>Gy</b> 0.0        | TDS Telecom, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                              |               |  |  |  |  |  |
|                      | MAILING ADDRESS OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                              |               |  |  |  |  |  |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                              |               |  |  |  |  |  |
|                      | 2   (Number, street, rural route, apartment, or suite number)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                              |               |  |  |  |  |  |
|                      | (City, town, state, zip code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                              |               |  |  |  |  |  |
| _                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                              |               |  |  |  |  |  |
| D                    | <b>Instructions:</b> For complete space D instructions, see page 1b. Identify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | only the frst comm | nunity served below and reli | st on page 1b |  |  |  |  |  |
| Area<br>Served       | with all communities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | lotate             |                              |               |  |  |  |  |  |
|                      | Sun Prairie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STATE              |                              |               |  |  |  |  |  |
| First<br>Community   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                              |               |  |  |  |  |  |
|                      | Below is a sample for reporting communities if you report multiple cha                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                              | OUR ORR#      |  |  |  |  |  |
|                      | CITY OR TOWN (SAMPLE)  Alda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STATE<br>MD        | CH LINE UP  A                | SUB GRP#      |  |  |  |  |  |
| Sample               | Alliance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MD                 | В                            | 2             |  |  |  |  |  |
|                      | Gering                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MD                 | В                            | 3             |  |  |  |  |  |
|                      | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                              |               |  |  |  |  |  |

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.

| DRM SA3E. PAGE 1b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|-----------------------------------------|------------------------|--|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                    | SYSTEM ID#                              |                        |  |  |  |  |  |
| TDS Metrocom, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                    | 63703                                   |                        |  |  |  |  |  |
| Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses |                     |                    |                                         |                        |  |  |  |  |  |
| below the identified city or town.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | me parks should be  | reported in paren  |                                         |                        |  |  |  |  |  |
| If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave to on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).                                                                                                                                                                                                                                                                                                                                | he column blank. If | you report any sta | tions                                   |                        |  |  |  |  |  |
| When reporting the carriage of television broadcast stations on a community-by-comm channel line-up designated by an alpha-letter(s) (based on your Space G reporting) an (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns                                                                                                                                                                                                                                                                                                                                                                                                            | d a subscriber grou |                    |                                         |                        |  |  |  |  |  |
| CITY OR TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STATE               | CH LINE UP         | SUB GRP#                                |                        |  |  |  |  |  |
| Sun Prairie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | WI                  | AA                 |                                         | First                  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                    |                                         | Community              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                    |                                         |                        |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                    |                                         | additional information |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                    |                                         | on alphabetization.    |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                    |                                         |                        |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                    |                                         | Add rows as necessary. |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                    |                                         |                        |  |  |  |  |  |

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Metrocom, LLC

63703

## Ε

### 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.

| BL                                               | OCK 1       |            | BLOCK 2             |             |      |  |
|--------------------------------------------------|-------------|------------|---------------------|-------------|------|--|
|                                                  | NO. OF      |            |                     | NO. OF      |      |  |
| CATEGORY OF SERVICE                              | SUBSCRIBERS | RATE       | CATEGORY OF SERVICE | SUBSCRIBERS | RATE |  |
| Residential:                                     |             |            |                     |             |      |  |
| <ul> <li>Service to first set</li> </ul>         | 2,377       | \$25/mo    |                     |             |      |  |
| <ul> <li>Service to additional set(s)</li> </ul> |             |            |                     |             |      |  |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |             |            |                     |             |      |  |
| Motel, hotel                                     |             |            |                     |             |      |  |
| Commercial                                       | 31          | \$55.54/mo |                     |             |      |  |
| Converter                                        |             |            |                     |             |      |  |
| Residential                                      | 2,377       | \$6/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 2     |                               |               |                     |      |
|---------------------------------------------|-------------|-------------------------------|---------------|---------------------|------|
| CATEGORY OF SERVICE                         | RATE        | CATEGORY OF SERVICE           | RATE          | CATEGORY OF SERVICE | RATE |
| Continuing Services:                        |             | Installation: Non-residential |               |                     |      |
| • Pay cable                                 | 14-19.99/mo | Motel, hotel                  |               |                     |      |
| <ul> <li>Pay cable—add'l channel</li> </ul> |             | 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           |               |                     |      |
|                                             |             |                               |               |                     |      |

| FORM SA3E. PAGE 3.                                                                                                                                                                                                                                                                                                                                                                                       |                                |                          |                            |                                         |                                                                         | 1                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------|----------------------------|-----------------------------------------|-------------------------------------------------------------------------|--------------------------------------------|--|
| LEGAL NAME OF OWN                                                                                                                                                                                                                                                                                                                                                                                        |                                | STEM:                    |                            |                                         | SYSTEM ID<br>6370                                                       | Name                                       |  |
| TDS Metrocom                                                                                                                                                                                                                                                                                                                                                                                             |                                |                          |                            |                                         | 6370                                                                    | 3                                          |  |
| 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 |                                |                          |                            |                                         |                                                                         |                                            |  |
| substitute program bas                                                                                                                                                                                                                                                                                                                                                                                   |                                | , ,                      | -                          | (e)(2) and (4))]; ar                    | nd (2) certain stations carried on a                                    | Primary<br>Transmitters:                   |  |
| Substitute Basis S                                                                                                                                                                                                                                                                                                                                                                                       | Stations: With r               | espect to any            | distant stations           | carried by your ca                      | able system on a substitute program                                     | Television                                 |  |
| basis under specifc FC  • Do not list the station                                                                                                                                                                                                                                                                                                                                                        | , ,                            | ,                        |                            | Special Stateme                         | ent and Program Log)—if the                                             |                                            |  |
| · ·                                                                                                                                                                                                                                                                                                                                                                                                      | and also in spa                | ce I, if the sta         |                            |                                         | ute basis and also on some other<br>the general instructions located    |                                            |  |
| in the paper SA3 fo  Column 1: List eac                                                                                                                                                                                                                                                                                                                                                                  |                                | sign. Do not re          | eport origination          | program services                        | s such as HBO, ESPN, etc. Identify                                      |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                          | -                          | -                                       | ion. For example, report multi-                                         |                                            |  |
| WETA-simulcast).                                                                                                                                                                                                                                                                                                                                                                                         | i-2 . Simulcasi :              | streams must             | be reported in c           | olumn i (list each                      | stream separately; for example                                          |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                          | -                          |                                         | on for broadcasting over-the-air in may be different from the channel   |                                            |  |
| on which your cable sy                                                                                                                                                                                                                                                                                                                                                                                   | stem carried th                | e station.               |                            | _                                       | •                                                                       |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                          |                            |                                         | pendent station, or a noncommercial st), "I" (for independent), "I-M"   |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                          | cast), "E" (for no             | oncommercial             | educational), or           | "E-M" (for nonco                        | mmercial educational multicast).                                        |                                            |  |
| Column 4: If the sta                                                                                                                                                                                                                                                                                                                                                                                     |                                |                          |                            | ,.                                      | s". If not, enter "No". For an ex-                                      |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                          |                            |                                         | tating the basis on which your                                          |                                            |  |
| cable system carried the carried the distant state                                                                                                                                                                                                                                                                                                                                                       |                                | •                        | ٠.                         | •                                       | ering "LAC" if your cable system                                        |                                            |  |
| For the retransmiss                                                                                                                                                                                                                                                                                                                                                                                      | ion of a distant               | multicast stre           | am that is not รเ          | ubject to a royalty                     | payment because it is the subject                                       |                                            |  |
| "                                                                                                                                                                                                                                                                                                                                                                                                        |                                |                          |                            | •                                       | tem or an association representing<br>y transmitter, enter the designa- |                                            |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                        | •                              |                          |                            | ÷ .                                     | ner basis, enter "O." For a further                                     |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                          |                                |                          |                            |                                         | d in the paper SA3 form. to which the station is licensed by the        |                                            |  |
| FCC. For Mexican or 0                                                                                                                                                                                                                                                                                                                                                                                    | Canadian statio                | ns, if any, give         | the name of the            | e community with                        | which the station is identifed.                                         |                                            |  |
| Note: If you are utilizin                                                                                                                                                                                                                                                                                                                                                                                | g multiple chan                |                          | •                          |                                         | channel line-up.                                                        |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                          | I                              | CHANN                    | EL LINE-UP                 | AA                                      |                                                                         |                                            |  |
| 1. CALL<br>SIGN                                                                                                                                                                                                                                                                                                                                                                                          | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION                                                  |                                            |  |
| WKOW                                                                                                                                                                                                                                                                                                                                                                                                     | 27.1                           | N                        | No                         |                                         | Madison, WI                                                             |                                            |  |
| WKOW-DT2                                                                                                                                                                                                                                                                                                                                                                                                 | 27.2                           | N-M                      | No                         |                                         | Madison, WI                                                             | See instructions for                       |  |
| WKOW-DT3                                                                                                                                                                                                                                                                                                                                                                                                 | 27.3                           | N-M                      | No                         |                                         | Madison, WI                                                             | additional information on alphabetization. |  |
| WKOW-DT4                                                                                                                                                                                                                                                                                                                                                                                                 | 27.4                           | N-M                      | No                         |                                         | Madison, WI                                                             |                                            |  |
| WKOW-DT5                                                                                                                                                                                                                                                                                                                                                                                                 | 27.5                           | N-M                      | No                         |                                         | Madison, WI                                                             |                                            |  |
| WISC                                                                                                                                                                                                                                                                                                                                                                                                     | 3.1                            | N                        | No                         |                                         | Madison, WI                                                             |                                            |  |
| WISC-DT2                                                                                                                                                                                                                                                                                                                                                                                                 | 3.2                            | N-M                      | No                         |                                         | Madison, WI                                                             |                                            |  |
| WISC-DT3                                                                                                                                                                                                                                                                                                                                                                                                 | 3.3                            | N-M                      | No                         |                                         | Madison, WI                                                             |                                            |  |
| WMSN                                                                                                                                                                                                                                                                                                                                                                                                     | 47.1                           | N                        | No                         |                                         | Madison, WI                                                             |                                            |  |
| WMSN-DT2                                                                                                                                                                                                                                                                                                                                                                                                 | 47.2                           | N-M                      | No                         |                                         | Madison, WI                                                             |                                            |  |
| WMSN-DT3                                                                                                                                                                                                                                                                                                                                                                                                 | 47.3                           | N-M                      | No                         |                                         | Madison, WI                                                             |                                            |  |
| WMSN-DT4                                                                                                                                                                                                                                                                                                                                                                                                 | 47.4                           | N-M                      | No                         |                                         | Madison, WI                                                             |                                            |  |
| WMTV                                                                                                                                                                                                                                                                                                                                                                                                     | 15.1                           | N                        | No                         |                                         | Madison, WI                                                             |                                            |  |
| WMTV-DT2                                                                                                                                                                                                                                                                                                                                                                                                 | 15.2                           | N-M                      | No                         |                                         | Madison, WI                                                             |                                            |  |
| WMTV-DT3                                                                                                                                                                                                                                                                                                                                                                                                 | 15.3                           | N-M                      | No                         |                                         | Madison, WI                                                             |                                            |  |
| WMTV-DT4                                                                                                                                                                                                                                                                                                                                                                                                 | 15.4                           | N-M                      | No                         |                                         | 1                                                                       |                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                          | <b>+</b>                       |                          |                            | <b></b>                                 | Madison, WI                                                             |                                            |  |
| WMTV-DT5                                                                                                                                                                                                                                                                                                                                                                                                 | 15.5                           | N-M                      | No                         |                                         | Madison, WI<br>Madison, WI                                              |                                            |  |

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TDS Metrocom, LLC

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]

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 located in the paper SA3 form.

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 multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

**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 (v) of the general instructions located in the paper SA3 form.

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

**Column 6:** 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. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | AA (cont)                  |                                         |                        |  |
|-----------------|--------------------------------|--------------------------|----------------------------|-----------------------------------------|------------------------|--|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |  |
| WHA-DT2         | 21.2                           | E-M                      | No                         |                                         | Madison, WI            |  |
| WHA-DT3         | 21.3                           | E-M                      | No                         |                                         | Madison, WI            |  |
| WHA-DT4         | 21.4                           | E-M                      | No                         |                                         | Madison, WI            |  |
| WIFS            | 57.1                           | I                        | No                         |                                         | Janesville, WI         |  |
|                 |                                |                          |                            |                                         |                        |  |
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ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63703 **TDS Metrocom, LLC** PRIMARY TRANSMITTERS: RADIO Н 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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 the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. 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

| LEGAL NAME OF OWNER OF                                                                                                                                                                                                                                                                                                                                       | CABLE SYST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EM:                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          | S                                                                                                                                                                                                                                                           | SYSTEM ID#    |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------|
| TDS Metrocom, LLC                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                             | 63703         | Name                     |
| SUBSTITUTE CARRIAGI                                                                                                                                                                                                                                                                                                                                          | E: SPECIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AL STATEME                                                                                                                                                                                                                        | NT AND PROGRAM LOC                                                                                                                                                                                                                                                                                                                                                                                     | ì                                                                                                                                                                                                        |                                                                                                                                                                                                                                                             |               |                          |
| In General: In space I, ident<br>substitute basis during the a<br>explanation of the programm                                                                                                                                                                                                                                                                | ccounting po                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | eriod, under sp                                                                                                                                                                                                                   | ecific present and former FC                                                                                                                                                                                                                                                                                                                                                                           | C rules, regul                                                                                                                                                                                           | ations, or authorizations.                                                                                                                                                                                                                                  | For a further | <b>I</b><br>Substitute   |
| 1. SPECIAL STATEMENT                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                   | • • • • • •                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                          | •                                                                                                                                                                                                                                                           | •             | Carriage:                |
| During the accounting per                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                        | s, any nonne                                                                                                                                                                                             | twork television program                                                                                                                                                                                                                                    | 1             | Special<br>Statement and |
| broadcast by a distant state  Note: If your answer is "No                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rost of this par                                                                                                                                                                                                                  | go blank If your answer is                                                                                                                                                                                                                                                                                                                                                                             | "Vos." vou mu                                                                                                                                                                                            | Yes                                                                                                                                                                                                                                                         |               | Program Log              |
| log in block 2.                                                                                                                                                                                                                                                                                                                                              | , leave the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rest of this pay                                                                                                                                                                                                                  | ge blank. Il your answer is                                                                                                                                                                                                                                                                                                                                                                            | res, you mic                                                                                                                                                                                             | ist complete the program                                                                                                                                                                                                                                    | 1             |                          |
| 2. LOG OF SUBSTITUTE                                                                                                                                                                                                                                                                                                                                         | PROGRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MS                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                             |               |                          |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | nce, please of every no distant state gulations, contion. Do no cution. Do no cution was broad sign of the state and and day we "5/7." es when the Example: a cut of the state | attach addition nnetwork televion and that your authorization of use general BA Basketball: deast live, entestation broadcaph's location (thous, if any, the when your system a program carrulisted program carrunons in effect d | nal pages. vision program (substitute pour cable system substitute as. See page (vi) of the ger categories like "movies", or 76ers vs. Bulls."  er "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute program was carried by your gied by a system from 6:01:  n was substituted for programing the accounting period | rogram) that, d for the progreral instruction basketball".  Io." Io. station is lice station is iderected by station. Use cable system.  If p.m. to 6:2 amming that yel; enter the legister instruction. | during the accounting ramming of another state on slocated in the paper List specific program need by the FCC or, in ntified).  The numerals, with the month of the times accurately 8:30 p.m. should be our system was required tter "P" if the listed pro | ion<br>th     |                          |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          | EN SUBSTITUTE                                                                                                                                                                                                                                               | 7. REASON     |                          |
| 1. TITLE OF PROGRAM                                                                                                                                                                                                                                                                                                                                          | UBSTITUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | E PROGRAM  3. STATION'S                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                        | 5. MONTH                                                                                                                                                                                                 | 6. TIMES                                                                                                                                                                                                                                                    | FOR DELETION  |                          |
| 1. THEE OF TROOTON                                                                                                                                                                                                                                                                                                                                           | Yes or No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CALL SIGN                                                                                                                                                                                                                         | 4. STATION'S LOCATION                                                                                                                                                                                                                                                                                                                                                                                  | AND DAY                                                                                                                                                                                                  | FROM — TO                                                                                                                                                                                                                                                   |               |                          |
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ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6.

| Name                              | LEGAL NAME OF C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | E SYSTEM:    |                 |           |      |               |       |              | S       | *YSTEM ID#<br>63703 |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------|-----------------|-----------|------|---------------|-------|--------------|---------|---------------------|
| J<br>Part-Time<br>Carriage<br>Log | PART-TIME CARRIAGE LOG  In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.  Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.  Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occ- |      |              |                 |           |      |               | 1     | 03703        |         |                     |
|                                   | <ul> <li>State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app."</li> <li>You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."</li> </ul>                                                                                                                                                                                             |      |              |                 |           |      |               |       |              | •       |                     |
|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | DA           | TES             | AND HOURS | OF F | PART-TIME CAR | RIAGE |              |         |                     |
|                                   | CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | WHEN | N CARRIAGE O |                 |           |      | CALL SIGN     | WHE   | N CARRIAGE ( |         |                     |
|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DATE | FROM         | OUF             | RS<br>TO  |      |               | DATE  | FROM         | HOUR    | S<br>TO             |
|                                   | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |              |                 |           |      |               |       |              |         |                     |
|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      | <br>         |                 |           |      |               |       | <br>         |         |                     |
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|                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |              |                 |           |      |               |       |              | <b></b> |                     |

|                                                     | SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | S                                                | YSTEM ID#     | Nama                                                  |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------|-------------------------------------------------------|
| TD                                                  | S Metrocom, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  | 63703         | Name                                                  |
| Inst<br>all a<br>(as                                | OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount you amounts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to core (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.                                                                                                                                                                                                                                                   | lary transmission service npute this amount, see | 8,365.37      | <b>K</b><br>Gross Receipts                            |
| IMP                                                 | PORTANT: You must complete a statement in space P concerning gross receipts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Amount of gross reco                            | <del>  </del> |                                                       |
| • Corr<br>• Corr<br>• If you fee<br>• If you accord | RIGHT ROYALTY FEE actions: Use the blocks in this space L to determine the royalty fee you owe: implete block 1, showing your minimum fee. implete block 2, showing whether your system carried any distant television stations. Bour system did not carry any distant television stations, leave block 3 blank. Enter the amount from block 1 on line 1 of block 4, and calculate the total royalty fee. Bour system did carry any distant television stations, you must complete the applicable parts ompanying this form and attach the schedule to your statement of account.  Bart 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be each 3 below. | s of the DSE Schedule                            |               | L<br>Copyright<br>Royalty Fee                         |
|                                                     | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be en<br>elow.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ered on line 2 in block                          |               |                                                       |
| ır .                                                | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | I be entered on line                             |               |                                                       |
| Block<br>1                                          | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more at least the minimum fee, regardless of whether they carried any distant stations. This fee is system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K                                                                                                                                                                                                                                                                                                                                                                                              | s 1.064 percent of the                           | 8,365.37      |                                                       |
|                                                     | Line 1. Enter the amount or gross receipts from space K  Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  | 0,303.37      |                                                       |
|                                                     | This is your minimum fee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$                                               | 7,005.01      |                                                       |
| 2 Block                                             | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  X No—Leave block 3 below blank and column the column television stations during the accounting period Yes—Complete the DSE schedule.                                                                                                                                                                                                                             | 4, you must check                                |               |                                                       |
| Block<br>3                                          | 4, or part 9, block A of the DSE schedule. If none, enter zero  Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$                                               | 0.00          |                                                       |
|                                                     | schedule. If none, enter zero                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |               |                                                       |
|                                                     | Line 3. Add lines 1 and 2 and enter here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$                                               | -             |                                                       |
| Block<br>4                                          | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$                                               | 7,005.01      | Cable systems                                         |
|                                                     | Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  | 0.00          | submitting<br>additional                              |
|                                                     | Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  | 0.00          | deposits under<br>Section 111(d)(7)<br>should contact |
|                                                     | Line 4. FILING FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$                                               | 725.00        | the Licensing additional fees. Division for the       |
|                                                     | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$                                               | 7,730.01      | appropriate<br>form for<br>submitting the             |
|                                                     | EFT Trace # or TRANSACTION ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |               | additional fees.                                      |
|                                                     | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form and the Excel instructions tab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ,                                                |               |                                                       |

|               | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST                                                                                                                                                                                                                           | TEM ID# |  |  |  |  |  |  |  |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--|--|--|--|--|--|--|
| Name          | TDS Metrocom, LLC                                                                                                                                                                                                                                                   | 63703   |  |  |  |  |  |  |  |
|               |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               | CHANNELS                                                                                                                                                                                                                                                            |         |  |  |  |  |  |  |  |
| M             | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations                                                                                                                                              |         |  |  |  |  |  |  |  |
| Channels      |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
| Gnamoio       | Enter the total number of channels on which the cable                                                                                                                                                                                                               | 1       |  |  |  |  |  |  |  |
|               | system carried television broadcast stations                                                                                                                                                                                                                        |         |  |  |  |  |  |  |  |
|               |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               | 2. Enter the total number of activated channels                                                                                                                                                                                                                     | 7       |  |  |  |  |  |  |  |
|               | on which the cable system carried television broadcast stations  380                                                                                                                                                                                                |         |  |  |  |  |  |  |  |
|               | and nonbroadcast services                                                                                                                                                                                                                                           | _       |  |  |  |  |  |  |  |
|               | INDIVIDUAL TO BE CONTACTED IS SUBTUSED INFORMATION IS NEEDED: //dontify on individual                                                                                                                                                                               |         |  |  |  |  |  |  |  |
| N             | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)                                                                                                                               |         |  |  |  |  |  |  |  |
| Individual to |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
| Be Contacted  |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
| for Further   | Name Stephanie Weber Telephone (608) 664-4721                                                                                                                                                                                                                       |         |  |  |  |  |  |  |  |
| Information   |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               | Address 525 Junction Rd (Number, street, rural route, apartment, or suite number)                                                                                                                                                                                   |         |  |  |  |  |  |  |  |
|               |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               | Madison, WI 53717-2152 (City, town, state, zip)                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               | Email Finance@tdstelecom.com Fax (optional                                                                                                                                                                                                                          |         |  |  |  |  |  |  |  |
|               |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)                                                                                                                                              |         |  |  |  |  |  |  |  |
| 0             |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
| Certifcation  | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)                                                                                                                                                                                  |         |  |  |  |  |  |  |  |
|               |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               | (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or                                                                                                                                             |         |  |  |  |  |  |  |  |
|               |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or                                                |         |  |  |  |  |  |  |  |
|               |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.                                                                                           |         |  |  |  |  |  |  |  |
|               |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               | <ul> <li>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.</li> </ul> |         |  |  |  |  |  |  |  |
|               | [18 U.S.C., Section 1001(1986)]                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               | /s/ Sharon V. Tisdale                                                                                                                                                                                                                                               |         |  |  |  |  |  |  |  |
|               | Enter an electronic signature on the line above using an "/s/" signature to certify this statement.                                                                                                                                                                 |         |  |  |  |  |  |  |  |
|               | (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2"                                                                                                                               |         |  |  |  |  |  |  |  |
|               | button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.                                                                                                                                              |         |  |  |  |  |  |  |  |
|               | Typed or printed name: Sharon V. Tisdale                                                                                                                                                                                                                            |         |  |  |  |  |  |  |  |
|               |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               |                                                                                                                                                                                                                                                                     |         |  |  |  |  |  |  |  |
|               | Till Assistant Trassurar                                                                                                                                                                                                                                            |         |  |  |  |  |  |  |  |
|               | Title: Assistant Treasurer  (Title of official position held in corporation or partnership)                                                                                                                                                                         |         |  |  |  |  |  |  |  |
|               | ,                                                                                                                                                                                                                                                                   |         |  |  |  |  |  |  |  |
|               | Date: February 26, 2021                                                                                                                                                                                                                                             |         |  |  |  |  |  |  |  |
|               | Date. 1 601043 y 20, 2021                                                                                                                                                                                                                                           |         |  |  |  |  |  |  |  |

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.

| LEGAL NAME OF OWNER OF CABLE SYSTEM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SYSTEM ID# | Name                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------|
| TDS Metrocom, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 63703      | Name                                                    |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  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 Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                         |
| INTEREST ASSESSMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                         |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            | Q                                                       |
| Line 1 Enter the amount of late payment or underpayment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | Interest<br>Assessment                                  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -<br>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** enter here and on line 3, block 4,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                         |
| space L, (page 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                         |
| * 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 Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                         |
| Owner Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                                                         |
| First community served Accounting period ID number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                                         |

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.

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE, PAGE 10.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

#### FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

# BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of account (page 3), a distant station is:

| • Independent: its type-value is                                   | 1.00 |
|--------------------------------------------------------------------|------|
| Network: its type-value is                                         | 0.25 |
| Noncommercial educational: its type-value is                       | 0.25 |
| Note that local stations are not counted at all in computing DSEs. |      |

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

# SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particular station's DSE for the accounting period.

### **TOTAL OF DSEs**

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment.

The 3.75 Fee. If a cable system located in whole or in part within a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981.

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable.

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any station that it was authorized to carry or was lawfully carrying prior to March 31, 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate, but is subject to the Base Rate, and where applicable, the Syndicated Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

# COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

# COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE—PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
  major television market as defined by the FCC rules and regulations in
  effect on June 24, 1981. If no portion of the cable system is located in
  a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24, 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

## COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

#### **SCHEDULE**

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE

 1.064% of gross receipts

 Each of the second, third, and fourth DSEs

 0.701% of gross receipts

 The fifth and each additional DSE
 0.330% of gross receipts

### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
- 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

Determine the portion of the total gross receipts you reported in space
 K (page 7) that is attributable to each subscriber group.

- Calculate a separate base rate fee for each subscriber group, using
   the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

**Rounding Off DSEs.** In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

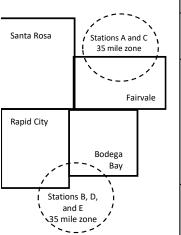
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

### **EXAMPLE**:

### COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



|   | Distant Stations Carried |             | Identification ( | of Subscriber Groups   |                  |
|---|--------------------------|-------------|------------------|------------------------|------------------|
|   | STATION                  | DSE         | CITY             | OUTSIDE LOCAL          | GROSS RECEIPTS   |
| ı | A (independent)          | 1.0         |                  | SERVICE AREA OF        | FROM SUBSCRIBERS |
|   | B (independent)          | 1.0         | Santa Rosa       | Stations A, B, C, D ,E | \$310,000.00     |
|   | C (part-time)            | 0.083       | Rapid City       | Stations A and C       | 100,000.00       |
|   | D (part-time)            | 0.139       | Bodega Bay       | Stations A and C       | 70,000.00        |
|   | E (network)              | <u>0.25</u> | Fairvale         | Stations B, D, and E   | 120,000.00       |
|   | TOTAL DSEs               | 2.472       |                  | TOTAL GROSS RECEIPTS   | \$600,000.00     |

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

|                              |              | ψ0,304.00                   |              |                             |              |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|
| First Subscriber Group       |              | Second Subscriber Group     |              | Third Subscriber Group      |              |
| (Santa Rosa)                 |              | (Rapid City and Bodega Bay) |              | (Fairvale)                  |              |
|                              |              |                             |              |                             |              |
| Gross receipts               | \$310,000.00 | Gross receipts              | \$170,000.00 | Gross receipts              | \$120,000.00 |
| DSEs                         | 2.472        | DSEs                        | 1.083        | DSEs                        | 1.389        |
| Base rate fee                | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |
| \$310,000 x .01064 x 1.0 =   | 3,298.40     | \$170,000 x .01064 x 1.0 =  | 1,808.80     | \$120,000 x .01064 x 1.0 =  | 1,276.80     |
| \$310,000 x .00701 x 1.472 = | 3,198.80     | \$170,000 x .00701 x .083 = | 98.91        | \$120,000 x .00701 x .389 = | 327.23       |
| Base rate fee                | \$6,497.20   | Base rate fee               | \$1,907.71   | Base rate fee               | \$1,604.03   |

**Total Base Rate Fee:** \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

**ACCOUNTING PERIOD: 2020/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

| 1                               | TDS Metrocom, LLC                                                                                                                       | E SYSTEM:        |                              |                | S`        | 4STEM ID#<br>63703 |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|----------------|-----------|--------------------|
|                                 | SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line                                                   |                  |                              |                | 0.00      |                    |
| 2<br>Computation<br>of DSEs for | Instructions:<br>In the column headed "Call S<br>of space G (page 3).<br>In the column headed "DSE"<br>mercial educational station, giv | : for each indep | endent station, give the DSE |                |           |                    |
| Category "O"                    |                                                                                                                                         |                  | CATEGORY "O" STATION         | IS: DSEs       |           |                    |
| Stations                        | CALL SIGN                                                                                                                               | DSE              | CALL SIGN                    | DSE            | CALL SIGN | DSE                |
| Add rows as necessary.          |                                                                                                                                         |                  |                              |                |           |                    |
| Remember to copy all            |                                                                                                                                         |                  |                              |                |           |                    |
| formula into new                |                                                                                                                                         |                  |                              |                |           |                    |
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|                                                                                     | Add the DSEs of                                                                                                            | of each station.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Computation of DSEs for Substitute-Basis Stations                                   | Column 1: Giv.  • Was carried tions in effe  • Broadcast o space I).  Column 2: I at your option.  Column 3: I Column 4: I | by your system in substited to n October 19, 1976 (anne or more live, nonnetwoest or each station give the rather than the number of days Divide the figure in column of the station's DSE (in the station's DSE (in the station's DSE (in the station) of the station of the sta | ution for a progra<br>is shown by the le<br>rk programs during<br>number of live, no<br>pond with the info<br>in the calendar ye<br>in 2 by the figure in<br>For more informa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | um that your system of the "P" in column 7 g that optional carriagonnetwork programs ormation in space I. ear: 365, except in a n column 3, and give tion on rounding, see                                                | was permitted to of space I); and ge (as shown by the carried in substitute leap year.  If the result in column page (viii) of the page (viii) of the carried to the spage (viii) of the carried to the page (viii) of the page (viii) of the carried to the carried | delete under FCC rules a<br>the word "Yes" in column 2 o<br>tution for programs that we<br>umn 4. Round to no less the<br>general instructions in the | f<br>ere deleted<br>nan the third                     |        |
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|                                                                                     | 1. CALL<br>SIGN                                                                                                            | 2. NUMBER<br>OF<br>PROGRAMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3. NUMBER<br>OF DAYS<br>IN YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. 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NUMBER<br>OF<br>PROGRAMS                                                                                                                           | 3. NUMBER<br>OF DAYS<br>IN YEAR                       | 4. DSE |
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|                                                                                     | Add the DSEs of                                                                                                            | of each station.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | and add them to provide th                                                                                                                            | e total                                               |        |
| Total Number                                                                        | 1. Number                                                                                                                  | SMetrocom, LLC  **Structions** CAPACITY**  **Whitmen 11.sist fiber call sign of all distant stallors identified by "LAC" in column 5 of space G (page 3).  **Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This ure should correspond with the information given in space 1, Calculate only one SES for each station.  **Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  **Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  **Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period.  **Column 6: Note find prior discland. right to "type-year" and "total" and " |                                                                                                                                                                                                                                                                                                                                                                                                                                   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|                                                                                     | TOTAL NUMBE                                                                                                                | R OF DSEs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

| LEGAL NAME OF C                                                                                                                                                                                                                                                                             | WNER OF CABLE S                                                                                                   | SYSTEM:                                                                            |                                                                                                       |                                                                                                                                           |                                                                      |                                                                       | S                     | YSTEM ID#                                    |                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------|----------------------------------------------|--------------------------------------------|--|
| TDS Metrocon                                                                                                                                                                                                                                                                                | n, LLC                                                                                                            |                                                                                    |                                                                                                       |                                                                                                                                           |                                                                      |                                                                       |                       | 63703                                        | Name                                       |  |
| Instructions: Block In block A:                                                                                                                                                                                                                                                             | ck A must be comp                                                                                                 | leted.                                                                             |                                                                                                       |                                                                                                                                           |                                                                      |                                                                       |                       |                                              | •                                          |  |
|                                                                                                                                                                                                                                                                                             | "Yes," leave the rer                                                                                              | mainder of pa                                                                      | art 6 and part 7                                                                                      | of the DSE schedu                                                                                                                         | ule blank and                                                        | complete part                                                         | 8, (page 16) of the   |                                              | 6                                          |  |
|                                                                                                                                                                                                                                                                                             | "No," complete bloc                                                                                               |                                                                                    |                                                                                                       |                                                                                                                                           |                                                                      |                                                                       |                       |                                              | Commutation of                             |  |
| la the achie system                                                                                                                                                                                                                                                                         | n la acta d whally ay                                                                                             |                                                                                    |                                                                                                       | TELEVISION MA                                                                                                                             |                                                                      | tion 76 E of FO                                                       | C rules and regula    | ations in                                    | Computation of<br>3.75 Fee                 |  |
| Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?  Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.  X No—Complete blocks B and C below. |                                                                                                                   |                                                                                    |                                                                                                       |                                                                                                                                           |                                                                      |                                                                       |                       |                                              |                                            |  |
| X No-com                                                                                                                                                                                                                                                                                    | Siete blocks B and                                                                                                |                                                                                    |                                                                                                       |                                                                                                                                           |                                                                      |                                                                       |                       |                                              |                                            |  |
| 0.11                                                                                                                                                                                                                                                                                        |                                                                                                                   | BLO                                                                                | CK B: CARF                                                                                            | RIAGE OF PERM                                                                                                                             | MITTED DS                                                            | Es                                                                    |                       |                                              |                                            |  |
| Column 1:<br>CALL SIGN                                                                                                                                                                                                                                                                      | under FCC rules                                                                                                   | and regulations  e DSE Scheo                                                       | ns prior to Jun<br>dule. (Note: Th                                                                    | part 2, 3, and 4 of t<br>se 25, 1981. For fur<br>se letter M below ref<br>Act of 2010.)                                                   | ther explanati                                                       | on of permitted                                                       | stations, see the     |                                              |                                            |  |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE                                                                                                                                                                                                                                              | (Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo | les and reguled pursuant to on as defined al educational station (76.6 r DSE sched | ations cited be<br>to the FCC mar<br>in 76.5(kk) (70<br>Il station [76.59<br>55) (see paragi<br>ule). | sis on which you ca<br>elow pertain to those<br>ket quota rules [76<br>6.59(d)(1), 76.61(e<br>9(c), 76.61(d), 76.63<br>raph regarding sub | e in effect on<br>.57, 76.59(b),<br>)(1), 76.63(a)<br>3(a) referring | June 24, 1981.<br>76.61(b)(c), 76<br>referring to 76.<br>to 76.61(d)] | 6.63(a) referring to  |                                              |                                            |  |
| Column 3:                                                                                                                                                                                                                                                                                   | G Commercial U<br>M Retransmissio                                                                                 | viously carrie<br>IHF station w<br>on of a distan                                  | d on a part-tim<br>ithin grade-B c<br>i multicast stre                                                | e or substitute basi<br>contour, [76.59(d)(5<br>am.                                                                                       | ), 76.61(e)(5),                                                      | , 76.63(a) refer                                                      | ring to 76.61(e)(5)   | ]                                            |                                            |  |
| Column 3.                                                                                                                                                                                                                                                                                   |                                                                                                                   | e stations ide                                                                     | ntified by the le                                                                                     | parts 2, 3, and 4 of<br>etter "F" in column 2                                                                                             |                                                                      |                                                                       | rksheet on page 1     | 4 of                                         |                                            |  |
| 1. CALL<br>SIGN                                                                                                                                                                                                                                                                             | 2. PERMITTED<br>BASIS                                                                                             | 3. DSE                                                                             | 1. CALL<br>SIGN                                                                                       | 2. PERMITTED<br>BASIS                                                                                                                     | 3. DSE                                                               | 1. CALL<br>SIGN                                                       | 2. PERMITTED<br>BASIS | 3. DSE                                       |                                            |  |
|                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                                                    |                                                                                                       |                                                                                                                                           |                                                                      |                                                                       |                       |                                              |                                            |  |
|                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                                                    |                                                                                                       |                                                                                                                                           |                                                                      |                                                                       |                       |                                              |                                            |  |
|                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                                                    |                                                                                                       |                                                                                                                                           |                                                                      |                                                                       |                       |                                              |                                            |  |
|                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                                                    |                                                                                                       |                                                                                                                                           |                                                                      |                                                                       |                       |                                              |                                            |  |
|                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                                                    |                                                                                                       |                                                                                                                                           |                                                                      | H                                                                     |                       | 0.00                                         |                                            |  |
|                                                                                                                                                                                                                                                                                             |                                                                                                                   | E                                                                                  | BLOCK C: CC                                                                                           | OMPUTATION OF                                                                                                                             | <br>F 3.75 FEE                                                       |                                                                       |                       | <u>,                                    </u> |                                            |  |
| Line 4: E=1 · P                                                                                                                                                                                                                                                                             | tatal women co                                                                                                    |                                                                                    |                                                                                                       |                                                                                                                                           |                                                                      |                                                                       |                       |                                              |                                            |  |
| Line 1: Enter the                                                                                                                                                                                                                                                                           | total number of [                                                                                                 | JSEs from p                                                                        | art 5 of this s                                                                                       | scnedule                                                                                                                                  |                                                                      |                                                                       |                       |                                              |                                            |  |
| Line 2: Enter the                                                                                                                                                                                                                                                                           | sum of permitted                                                                                                  | d DSEs from                                                                        | block B abo                                                                                           | ve                                                                                                                                        |                                                                      |                                                                       |                       |                                              |                                            |  |
| l                                                                                                                                                                                                                                                                                           | line 2 from line 1.<br>eave lines 4–7 bla                                                                         |                                                                                    |                                                                                                       | •                                                                                                                                         |                                                                      | ate.                                                                  |                       | 0.00                                         |                                            |  |
| Line 4: Enter gro                                                                                                                                                                                                                                                                           | ss receipts from                                                                                                  | space K (pa                                                                        | ge 7)                                                                                                 |                                                                                                                                           |                                                                      |                                                                       |                       |                                              | Do any of the                              |  |
|                                                                                                                                                                                                                                                                                             | -                                                                                                                 |                                                                                    | •                                                                                                     |                                                                                                                                           |                                                                      |                                                                       | x 0.03                | 375                                          | DSEs represent<br>partially<br>permited/   |  |
| Line 5: Multiply li                                                                                                                                                                                                                                                                         | ne 4 by 0.0375 a                                                                                                  | nd enter sur                                                                       | n here                                                                                                |                                                                                                                                           |                                                                      |                                                                       | x                     |                                              | partially<br>nonpermitted                  |  |
| Line 6: Enter tota                                                                                                                                                                                                                                                                          | al number of DSE                                                                                                  | s from line                                                                        | 3                                                                                                     |                                                                                                                                           |                                                                      |                                                                       |                       | <u>-</u> _                                   | carriage? If yes, see part 9 instructions. |  |
| Line 7: Multiply li                                                                                                                                                                                                                                                                         | ine 6 by line 5 and                                                                                               | d enter here                                                                       | and on line 2                                                                                         | 2. block 3. space l                                                                                                                       | L (page 7)                                                           |                                                                       |                       | 0.00                                         |                                            |  |

**ACCOUNTING PERIOD: 2020/2** 

| Name                                                                                                            | TDS Metrocom,                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                   | SYSTEM:                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                  |                                                                          |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S                           | YSTEM ID#<br>63703 |   |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------|---|
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | stations carried prio Column 1: List the c Column 2: Indicate t Column 3: Indicate t Column 4: Indicate t (Note that the FC A—Part-time spender B—Late-night prior S—Substitute car Column 5: Indicate t Column 6: Compare in t | r to June 25, 1 call sign for each the DSE for this the accounting the basis of calc C rules and recipitation of the basis of calc C rules and recipitation of the basis of calc C rules and recipitation of the basis of the station of the station of the station of the basis of the DSE figure block B, columninformation you | 981, under former Feh distant station ides station for a single period and year in variage on which the egulations cited belowing: Carriage, on 61(e)(1), or 76.63 (parriage under FCC retain FCC rules, retions in the paper SASE for the current access listed in columns in 3 of part 6 for this a give in columns 2, | ECC rules gover entified by the let accounting pe which the carria station was carriave pertain to the a part-time basi eferring to 76.6 rules, sections 7 gulations, or au A3 form.  Eccounting period 2 and 5 and lis station. | rnin<br>tter<br>ricc<br>ge<br>ricc<br>ose<br>is, (<br>1(e<br>'6.5<br>tho | tifed by the letter "F" in a g part-time and substitut "F" in column 2 of part d, occurring between Ja and DSE occurred (e.g d by listing one of the foin effect on June 24, 11 of specialty programming (1)).  59(d)(3), 76.61(e)(3), or orizations. For further expressions are smaller of the two figure accurate and is subject | ute carriage 6 of the DS anuary 1, 19 1., 1981/1). Illowing lette 981.) and under FC 76.63 (refer explanation, so 3, and 4 of 1 ures here. | Eschedule.  From the second of this schedule.  This figure should the second of the se | o, 1981.  The the lid be en |                    |   |
|                                                                                                                 | 1. CALL                                                                                                                                                                                                                         | PERMIT 2. PRIC                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                          | TIONS CARRII                                                                                                                                                                                                                     | ΕD                                                                       | ON A PART-TIME AND<br>4. BASIS OF                                                                                                                                                                                                                                                                                                   |                                                                                                                                            | TUTE BASIS<br>RESENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6 P                         | ERMITTED           | 4 |
|                                                                                                                 | SIGN                                                                                                                                                                                                                            | DSE                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                          | ERIOD                                                                                                                                                                                                                            |                                                                          | CARRIAGE                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            | DSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0. F                        | DSE                |   |
|                                                                                                                 |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  |                                                                          |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |   |
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| Computation of the Syndicated Exclusivity Surcharge                                                             | If your answer is                                                                                                                                                                                                               | "Yes," complet<br>"No," leave blo                                                                                                                                                                                                                                                                                                 | e blocks B and C, b<br>cks B and C blank a<br>BLOCI                                                                                                                                                                                                                                                                      | and complete pa                                                                                                                                                                                                                  | TE                                                                       | 8 of the DSE schedule. ELEVISION MARKE                                                                                                                                                                                                                                                                                              | ĒΤ                                                                                                                                         | es in effect lune                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 24 108                      | 12                 | _ |
| Surcharge                                                                                                       | Yes—Complete                                                                                                                                                                                                                    | •                                                                                                                                                                                                                                                                                                                                 | , ,                                                                                                                                                                                                                                                                                                                      | television marke                                                                                                                                                                                                                 | - L a                                                                    | X No—Proceed to                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            | es in eneci June                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 24, 190                     |                    |   |
|                                                                                                                 | BLOCK B: C                                                                                                                                                                                                                      | arriage of VHF                                                                                                                                                                                                                                                                                                                    | Grade B Contour S                                                                                                                                                                                                                                                                                                        | Stations                                                                                                                                                                                                                         |                                                                          | BLOCI                                                                                                                                                                                                                                                                                                                               | K C: Compu                                                                                                                                 | utation of Exem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pt DSEs                     |                    |   |
|                                                                                                                 | Is any station listed in<br>commercial VHF station<br>or in part, over the cal                                                                                                                                                  | on that places                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  |                                                                          | Was any station listed nity served by the cabl to former FCC rule 76.                                                                                                                                                                                                                                                               | e system pr                                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | -                           |                    |   |
|                                                                                                                 |                                                                                                                                                                                                                                 | ist each station below with its appropriate permitted DSE    Yes—List each station below with its appropriate permitted DSE    X No—Enter zero and proceed to part 8.                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  |                                                                          |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed DSE                      | d MITTED SE        |   |
|                                                                                                                 | CALL SIGN                                                                                                                                                                                                                       | DSE                                                                                                                                                                                                                                                                                                                               | CALL SIGN                                                                                                                                                                                                                                                                                                                | DSE                                                                                                                                                                                                                              |                                                                          | CALL SIGN                                                                                                                                                                                                                                                                                                                           | DSE                                                                                                                                        | CALL SIG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SN                          | DSE                |   |
|                                                                                                                 |                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                  |                                                                          |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                    |   |
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|                                                                                                                 |                                                                                                                                                                                                                                 | 1                                                                                                                                                                                                                                                                                                                                 | TOTAL DSEs                                                                                                                                                                                                                                                                                                               | 0.00                                                                                                                                                                                                                             |                                                                          |                                                                                                                                                                                                                                                                                                                                     | I                                                                                                                                          | TOTAL DS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Es                          | 0.00               |   |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC                                                                                                                                                                                                                                                                             | SYSTEM ID#<br>63703 | Name                      |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE                                                                                                                                                                                                                                                               |                     |                           |
| Section 1     | Enter the amount of gross receipts from space K (page 7)                                                                                                                                                                                                                                                                   | 658,365.37          | 7                         |
| Section 2     | A. Enter the total DSEs from block B of part 7                                                                                                                                                                                                                                                                             | 0.00                | Computation of the        |
|               | B. Enter the total number of exempt DSEs from block C of part 7                                                                                                                                                                                                                                                            | 0.00                | Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.                                                                                                                                                                          | 0.00                | Surcharge                 |
| • Is an       | y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.                                                                                                                                                                      |                     |                           |
|               | SECTION 3: TOP 50 TELEVISION MARKET                                                                                                                                                                                                                                                                                        |                     |                           |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      \( \text{\bar{X}} \) No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSI | =                   |                           |
|               | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.                                                                                                                                                                                                                        | _                   |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section1)                                                                                                                                                                                                                                                                |                     |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)                                                                                                                                                                                                                                                               |                     |                           |
|               | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here                                                                                                                                                                                                                             |                     |                           |
|               |                                                                                                                                                                                                                                                                                                                            | _                   |                           |
|               | D. Multiply line B by line C and enter here                                                                                                                                                                                                                                                                                |                     |                           |
|               | E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge                                                                                                                                                                                   |                     |                           |
| Section<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.                                                                                                                                                                                                             |                     |                           |
|               | A. Enter 0.00599 of gross receipts (the amount in section 1)                                                                                                                                                                                                                                                               |                     |                           |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)                                                                                                                                                                                                                                                               |                     |                           |
|               | C. Multiply line B by 3.000 and enter here                                                                                                                                                                                                                                                                                 |                     |                           |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1)                                                                                                                                                                                                                                                               |                     |                           |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here                                                                                                                                                                                                                                        |                     |                           |
|               | F. Multiply line D by line E and enter here                                                                                                                                                                                                                                                                                |                     |                           |
|               | G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge                                                                                                                                                                               |                     |                           |
|               | SECTION 4: SECOND 50 TELEVISION MARKET                                                                                                                                                                                                                                                                                     |                     |                           |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?                                                                                                                                                                                                    |                     |                           |
| Section<br>4a | Yes—Complete part 9 of this schedule.  X No—Complete the applicable section below.                                                                                                                                                                                                                                         |                     |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSI is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)                             | E                   |                           |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1)                                                                                                                                                                                                                                                               |                     |                           |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here                                                                                                                                                                                                                               |                     |                           |
|               | D. Multiply line B by line C and enter here                                                                                                                                                                                                                                                                                | _                   |                           |
|               | E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge                                                                                                                                                                                   |                     |                           |

| Name                                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EM ID#<br>63703 |  |  |  |  |  |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--|--|--|--|--|
| <b>7</b> Computation                    | Section<br>4b                                                                                                           | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |  |  |  |  |  |
| of the<br>Syndicated                    |                                                                                                                         | B. Enter 0.00189 of gross receipts (the amount in section 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |  |  |  |  |  |
| Exclusivity<br>Surcharge                |                                                                                                                         | C. Multiply line B by 3.000 and enter here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |  |  |  |  |  |
|                                         |                                                                                                                         | D. Enter 0.00089 of gross receipts (the amount in section 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |  |  |  |  |  |
|                                         |                                                                                                                         | E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |  |  |  |  |  |
|                                         |                                                                                                                         | F. Multiply line D by line E and enter here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |  |  |  |  |  |
|                                         |                                                                                                                         | G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |  |  |  |  |  |
|                                         |                                                                                                                         | Syndicated Exclusivity Surcharge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u></u>         |  |  |  |  |  |
| 8<br>Computation<br>of<br>Base Rate Fee | You m 6 was In blo If you If you blank What i                                                                           | ctions:  uust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.  ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below is.  is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions. |                 |  |  |  |  |  |
|                                         |                                                                                                                         | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |  |  |  |  |  |
|                                         | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |  |  |  |  |  |
|                                         |                                                                                                                         | Yes—Complete part 9 of this schedule.  X No—Complete the following sections.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |  |  |  |  |  |
|                                         | C                                                                                                                       | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |  |  |  |  |  |
|                                         | Section<br>1                                                                                                            | Enter the amount of gross receipts from space K (page 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |  |  |  |  |  |
|                                         | Section<br>2                                                                                                            | Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.). ▶ 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |  |  |  |  |  |
|                                         | Section<br>3                                                                                                            | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |  |  |  |  |
|                                         |                                                                                                                         | A. Enter 0.01064 of gross receipts  (the amount in section 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |  |  |  |  |  |
|                                         |                                                                                                                         | B. Enter 0.00701 of gross receipts  (the amount in section 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |  |  |  |  |  |
|                                         |                                                                                                                         | C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |  |  |  |  |  |
|                                         |                                                                                                                         | D. Multiply line B by line C and enter here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |  |  |  |  |  |
|                                         |                                                                                                                         | E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |  |  |  |  |  |
|                                         |                                                                                                                         | Base Rate Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u></u> l.      |  |  |  |  |  |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2020/2

| DOL 001 | industrial in the second of th | Accounting      | 31 EMOD. 2020/2           |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------|
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SYSTEM ID#      | Name                      |
| TDS     | Metrocom, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 63703           |                           |
| Section | If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                           |
| 4       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | 8                         |
|         | A. Enter 0.01064 of gross receipts  (the amount in section 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                           |
|         | (the amount in section 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -               |                           |
|         | B. Enter 0.00701 of gross receipts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | Computation               |
|         | (the amount in section 1) <b>&gt;</b> _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 | of<br>Base Rate Fee       |
|         | C. Multiply line B by 3.000 and enter here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _               | Dage Rate Fee             |
|         | D. Enter 0.00330 of gross receipts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                           |
|         | (the amount in section 1) <b>&gt;</b> \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                           |
|         | E. Subtract 4.000 from total DSEs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                           |
|         | (the figure in section 2) and enter here                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                           |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                           |
|         | F. Multiply line D by line E and enter here <b>&gt;</b> \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                           |
|         | G. Add lines A, C, and F. This is your base rate fee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                           |
|         | Enter here and in block 3, line 1, space L (page 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0 00            |                           |
|         | Base Rate Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.00            |                           |
| IMPOR   | TANTI It is no langer passes on to report television signals on a system wide basis. Carriage of television broadess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | t cianala aball |                           |
| instead | RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas<br>the reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ٠ ,             | 9                         |
| Space   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4a awalii da    | J                         |
|         | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, s from subscribers located within the station's local service area, from your system's total gross receipts. To take ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | Computation               |
| exclus  | on, you must:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 | of<br>Base Rate Fee       |
| First:  | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the same        | and                       |
| station | or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | he number of    | Syndicated<br>Exclusivity |
|         | and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for $\mathfrak c$<br>r: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | each group.     | Surcharge                 |
| _       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | for<br>Partially          |
| also co | If any portion of your cable system is located within the top 100 television market and the station is not exempt in parameter a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belicable system is wholly located outside all major television markets, complete block A only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | Distant<br>Stations, and  |
|         | o Identify a Subscriber Group for Partially Distant Stations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | for Partially             |
|         | : For each community served, determine the local service area of each wholly distant and each partially distant stations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | on vou          | Permitted<br>Stations     |
|         | to that community.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | , ,ou           |                           |
| outside | : For each wholly distant and each partially distant station you carried, determine which of your subscribers were loc<br>the station's local service area. A subscriber located outside the local service area of a station is distant to that state<br>the token, the station is distant to the subscriber.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                           |
| _       | : Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Each            |                           |
| subscr  | iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note tha will have only one subscriber group when the distant stations it carried have local service areas that coincide.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                           |
| Comp    | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | m's subscriber  |                           |
| In each | n section:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                           |
|         | fy the communities/areas represented by each subscriber group.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                           |
|         | the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all ibers in the group.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | of the          |                           |
| • lf:   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |                           |
| 1) your | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in s schedule; or,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | parts 2, 3, and |                           |
| , .     | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in bloom of this schedule.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ock B,          |                           |
| • Add t | he DSEs for each station. This gives you the total DSEs for the particular subscriber group.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                           |
|         | alate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in a paper SA3 form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | structions      |                           |
| page.   | bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the p In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | t is, the total |                           |

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63703 **TDS Metrocom, LLC** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| LEGAL NAME OF OWNE TDS Metrocom, LL              |       | E SYSTEM:       |              |                         |             | \$              | 63703 | Name             |
|--------------------------------------------------|-------|-----------------|--------------|-------------------------|-------------|-----------------|-------|------------------|
|                                                  |       |                 |              | TE FEES FOR EACH        |             |                 |       |                  |
| COMMUNITY/ AREA                                  | FIRST | SUBSCRIBER GROU | IP<br>0      | COMMUNITY/ AREA         | JP <b>0</b> | 9               |       |                  |
| CALL SIGN                                        | DSE   | CALL SIGN       | DSE          | CALL SIGN               | DSE         | CALL SIGN       | DSE   | Computation of   |
| CALL SIGN                                        | DSE   | CALL SIGN       | DSE          | CALL SIGN               | DSE         | CALL SIGN       | DSE   | Base Rate Fee    |
|                                                  |       |                 |              |                         |             |                 |       | and              |
|                                                  |       |                 |              |                         |             |                 |       | Syndicated       |
|                                                  |       |                 |              |                         |             |                 |       | Exclusivity      |
|                                                  |       |                 | <u></u>      |                         |             |                 |       | Surcharge<br>for |
|                                                  |       |                 |              |                         |             |                 |       | Partially        |
|                                                  |       |                 |              |                         |             |                 |       | Distant          |
|                                                  |       |                 |              |                         |             |                 |       | Stations         |
|                                                  |       |                 |              |                         |             |                 |       |                  |
|                                                  |       |                 |              |                         |             |                 |       |                  |
|                                                  |       |                 |              |                         |             |                 |       |                  |
|                                                  |       |                 | <u></u>      | -                       |             |                 | ····· |                  |
|                                                  |       |                 |              |                         | ••••        |                 | ••••• |                  |
| Total DSEs                                       |       |                 | 0.00         | Total DSEs              |             | -               | 0.00  |                  |
| Gross Receipts First G                           | roup  | \$              | 0.00         | Gross Receipts Seco     | nd Group    | \$              | 0.00  |                  |
| Base Rate Fee First G                            | oup   | \$              | 0.00         | Base Rate Fee Seco      | nd Group    | \$              | 0.00  |                  |
|                                                  | THIRD | SUBSCRIBER GROU | IP           |                         | FOURTH      | SUBSCRIBER GROU | JP    |                  |
| COMMUNITY/ AREA                                  |       |                 | 0            | COMMUNITY/ AREA         |             |                 | 0     |                  |
| CALL SIGN                                        | DSE   | CALL SIGN       | DSE          | CALL SIGN               | DSE         | CALL SIGN       | DSE   |                  |
|                                                  |       |                 |              |                         |             |                 |       |                  |
|                                                  |       |                 |              |                         |             |                 |       |                  |
|                                                  |       |                 |              |                         |             |                 |       |                  |
|                                                  |       |                 |              |                         |             |                 |       |                  |
|                                                  |       |                 |              |                         |             |                 |       |                  |
|                                                  |       |                 |              |                         |             |                 | ····· |                  |
|                                                  |       |                 |              |                         |             |                 |       |                  |
|                                                  |       |                 |              |                         |             |                 |       |                  |
|                                                  |       |                 |              |                         |             |                 |       |                  |
|                                                  |       |                 |              |                         |             |                 |       |                  |
|                                                  |       |                 |              |                         |             |                 |       |                  |
|                                                  |       |                 |              |                         |             |                 |       |                  |
| Total DSEs                                       |       |                 | 0.00         | Total DSEs              | -           |                 | 0.00  |                  |
| Gross Receipts Third G                           | iroup | \$              | 0.00         | Gross Receipts Four     | th Group    | \$              | 0.00  |                  |
| Base Rate Fee Third G                            | iroup | \$              | 0.00         | Base Rate Fee Four      | th Group    | \$              | 0.00  |                  |
| Base Rate Fee: Add th<br>Enter here and in block |       |                 | iber group a | s shown in the boxes al | bove.       | \$              | 0.00  |                  |