This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:					
	ary Transmissions by	DATE RECEIVED	AMOUNT					
Cable Syste	actions are located	08/23/2021	\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at:				
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150				
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31					
Accounting Period	2021	Barcode Data Filing Period (optiona	I - see instructions)					
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		idiary of another corporation, give the full cor	porate title				
Owner	List any other name or names under whi	ch the owner conducts the business of t	he cable system.					
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should so ting period.	ubmit a				
	Check here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	63844				
		IG ADDRESS OF CABLE SYSTEM						
	TDS Metrocom, LLC BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)					
		·	·					
	MAILING ADDRESS OF OWNER OF	F CABLE SYSTEM						
	525 Junction Road (Number, street, rural route, apartment, or suite	number)						
	Madison, WI 53717 (City, town, state, zip)							

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

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.

(Number, street, rural route, apartment, or suite number)

С

System

1

2

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

TDS Telecom, Inc.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
Nume	TDS Metrocom, LLC	638						
D	Instructions: List each separate community served by the cable system. A "cd "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including singl at you list will serve as a form of system identification hereafter kn lings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or i identified city.	mobile home parks should be reported in parentheses below the						
	CITY OR TOWN STATE							
First	Necedah	WI						
Community								
d Rows as Necessary								

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					FORM SA1-		
Name	TDS Metrocom, LLC							6384	
	SECONDARY TRANSMISSION			DATES					
E	In General: The information in s				y transmission s	service of	the cable		
	system, that is, the retransmissi	•	-		•				
Secondary	about other services (including	, , ,	,	,		hose exist	ting on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot					alo custom	brokon		
scribers and	down by categories of secondar	•							
Rates	each category by counting the n		•		•				
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed	-					-		
	category, but do not include disc	· ·	,		rd rate variation	s within a	particular rate		
	Block 1: In the left-hand block				ondary transmis	sion servi	ce that cable		
	systems most commonly provid						5,		
	that applies to your system. Not		-		-				
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system	0	-						
	printed in block 1 (for example,								
	with the number of subscribers a sufficient.	and rates, in the	e right-hand block.	A two- or thre	e-wora descript	ion of the s	service is		
		OCK 1				BLOCK	ζ2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RA	
	Residential:	COBCONID		0/11		(VIOL	CODOCIVIDENCO	101	
	Service to first set		52 \$25/m	0					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	• Residential		52 \$6/M	D.					
	 Non-residential 								
	SERVICES OTHER THAN SEC					4 1			
F	In General: Space F calls for ran not covered in space E, that is, t								
	service for a single fee. There a					-			
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un enter only the letters "PP" in the		usually billed. If a	ny rates are ch	narged on a vari	able per-p	rogram basis,		
Secondary ransmissions:			he cable system fo	or each of the	applicable servi	ces listed.			
Rates	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.								
		BLO					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF S		RATE	CATEG	ORY OF SERVICE	RA	
	• Pay cable	00 01 \$ 00 9 1	Installation: Non	residential					
	Pay cable Add'l channel	\$8.00-\$19.99	 Motel, hotel Commercial 		\$0-\$49.95				
	Fay cable—add i channel Fire protection		Pay cable		ψυ-ψ+3.33				
	•Burglar protection		 Pay cable 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	on	19.98-39.96				
			 Move to new a 	laaress					

	LEGAL NAME OF OWNER C)F CABLE SYSTEM:		SYST
Name	TDS Metrocom, LLC			
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61	lentify every television station (including tr em during the accounting period, <i>except</i> s in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61	(1) stations carried only on a part e carriage of certain network prog	-time basis under rams [sections
nsmitters: elevision	Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station he	as explained in the next paragraph. s: With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (the		
	basis. For further informat Column 1: List each statio	l also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr	see page (v) of the general instruc rogram services such as HBO, ES	ctions. SPN, etc. Identify each
	"WETA-2" as the same on Column 2: Give the chann of license. For example, V	nel number the FCC assigned to the telev NRC is channel 4 in Washington, D.C.	vision station for broadcasting ove	er the air in its community
	educational station, by ent (for independent multicast	ch case whether the station is a network si tering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or	or network multicast), "I" (for inde r "E-M" (for noncommercial educa	pendent), "I-M"
	Column 4: Give the locati	terms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the	the community to which the statio	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAOW	9.1	Ν	Wausau, WI
	WAOW-DT2	9.2	N-M	Wausau, WI
ows as Necessary	WAOW-DT3	9.3	N-M	Wausau, WI
	WAOW-DT4	9.4	N-M	Wausau, WI
	WAOW-DT5	9.5	N-M	Wausau, WI
	WHRM	20.1	E	Wausau, WI
	WHRM-DT2	20.2	E-M	Wausau, WI
	WHRM-DT3	20.3	E-M	Wausau, WI
	WHRM-DT4	20.4	E-M	Wausau, WI
	WSAW	7.1	N	Wausau, WI
	WSAW-DT2	7.2		
	WSAW-DT2 WSAW-DT3	7.2	N-M	Wausau, WI
	WSAW-DT3	7.3	N-M N-M	Wausau, WI Wausau, WI
	WSAW-DT3 WSAW-DT4	7.3 7.4	N-M N-M N-M	Wausau, WI Wausau, WI Wausau, WI
	WSAW-DT3 WSAW-DT4 WSAW-DT5	7.3 7.4 7.5	N-M N-M N-M N-M	Wausau, WI Wausau, WI Wausau, WI Wausau, WI
	WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX	7.3 7.4 7.5 46.1	N-M N-M N-M I	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Antigo, WI
	WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	7.3 7.4 7.5 46.1 12.1	N-M N-M N-M I N	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Antigo, WI Rhinelander, WI
	WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX	7.3 7.4 7.5 46.1	N-M N-M N-M I	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Antigo, WI
	WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	7.3 7.4 7.5 46.1 12.1	N-M N-M N-M I N	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Antigo, WI Rhinelander, WI
	WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	7.3 7.4 7.5 46.1 12.1	N-M N-M N-M I N	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Antigo, WI Rhinelander, WI
	WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	7.3 7.4 7.5 46.1 12.1	N-M N-M N-M I N	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Antigo, WI Rhinelander, WI
	WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	7.3 7.4 7.5 46.1 12.1	N-M N-M N-M I N	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Antigo, WI Rhinelander, WI
	WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	7.3 7.4 7.5 46.1 12.1	N-M N-M N-M I N	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Antigo, WI Rhinelander, WI

LEGAL NAME O TDS Metroc		CABLE S	SYSIEM:					SYSTEM I 638
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
ecceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	it is carried b monitoring, to prmation abou rm. dentify the cal tate whether the radio stat this by placing Sive the statio	y the sy be rece ut the C I sign of the stati tion's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which th , the community with which th	at the system's FM at this point, see this point, see sed by the cable the station is lice	headend, and ntenna, during bage (v) of the e system as a ensed by the F	(2) it ca l certain e genera separat	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitter: Radio
CALL SIGN			LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	
GALL SIGN	AM or FM	S/D	LUCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								
					[
						·		
						·	·	
]			
]			
					1			

	LEGAL NAME OF OWNER OF						1011	A SA1-2E. PAGE		
Name	TDS Metrocom, LLC	CABLE SYS	IEM:					SYSTEM ID 6384		
	SUBSTITUTE CARRIAG				<u> </u>					
	SUBSTITUTE CARRIAG	E. SPECIA		IT AND PROGRAM LOC	3					
I	In General: In space I, iden	tify every nor	nnetwork televis	<i>ion program,</i> broadcast by	a distant stat	ion, that your	cable syste	m carried on a		
	substitute basis during the	• •		•						
Substitute	explanation of the program	-		• · • · /	e general inst	ructions in the	paper SA1	I-2 form.		
Carriage: Special	 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 									
Statement and	о 0.		ir cable system	carry, on a substitute bas	is, any nonne	etwork televisi	on program			
Program Log	broadcast by a distant sta	ation?					YES	× NO		
	Note: If your answer is "No	o", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	the progra	ım		
	log in block 2.									
	2. LOG OF SUBSTITUT	E PROGRA	MS							
	In General: List each subs				wherever po	ssible, if their	meaning is	S		
	clear. If you need more sp Column 1: Give the title			ision program ("substitute	program") th	at during the	accounting	n		
	period, was broadcast by a									
	under certain FCC rules, r									
	Do not use general catego "NBA Basketball: 76ers vs		vies" or "baske	etball." List specific program	n titles, for ex	ample, "I Lov	e Lucy" or			
			dcast live, ente	r "Yes." Otherwise enter "N	No."					
				asting the substitute progra						
			· ·	ne community to which the		,	FCC or, in			
	the case of Mexican or Ca Column 5: Give the mo			tem carried the substitute		,	ith the mo	nth		
	first. Example: for May 7 g		when you byb		program. Oo			inan		
				gram was carried by your				ely		
	to the nearest five minutes stated as "6:00–6:30 p.m."		a program carri	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. sh	ould be			
			listed program	was substituted for progra	amming that v	vour svstem v	vas requir	red		
		• •	to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in							
	effect on October 19, 1976.									
	effect of October 19, 1970	j.								
		j.								
			E PROGRAM	·	WHE	N SUBSTITU	JTE RRED	7. REASON FO		
		SUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S CALL SIGN	· 	WHE	IN SUBSTITU	JTE RRED	7. REASON FO		
	1. TITLE OF PROGRAM	SUBSTITUT	3. STATION'S	·	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
		SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	3. STATION'S	· 	WHE CARR 5. MONTH	IN SUBSTITU	JTE RRED IES			

Accounting Period:	2021/01 FORM SA1-	2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS TDS Metrocom, LLC	63844
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	240.85 receipts)
L Copyright Royalty Fee	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	52.00 0.00 52.00
	3. Subtract line 2 from line 1 4. Enter the amount of gross receipts from space K 5. Enter the amount from line 3 6. Subtract line 5 from line 4 7. Multiply line 6 by .005 (enter figure here) 8. Interest charge. Enter the amount from line 4, space Q, page 8 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 3. Subtract line 2 from line 1 4. Multiply line 3 by .01 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) 6. Interest charge. Enter the amount from line 4, space Q, page 8 7. TOTAL POYALTY EEE PAYABLE FOR ACCOUNTING REPIOD. Add lines 4, 5 and 6	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/01			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF TDS Metroco	OWNER OF CABLE SYSTEM: m, LLC		SYSTEM ID# 63844
M Channels	to its subscribe 1. Enter the tot system carrie	ers, and (2) the cable system's		ions 17
	on which the	cable system carried television	broadcast stations	147
N Individual to Be Contacted		O BE CONTACTED IF FURTH t about this statement of accou	HER INFORMATION IS NEEDED (Identify an individual to whom nt.)	
for Further Information	Name	Stephanie Weber	Telepi	hone (608) 664-4721
	Address	525 Junction Rd (Number, street, rural route, apart Madison, WI 53593 (City, town, state, zip)	ment, or suite number)	
	Email	Finance@tdstelec	om.com Fax (optional)	
O Certification	I, the undersig (Owr (Age ir X (Offi ir · I have examin are true, complement	ned, hereby certify that (Check ner other than corporation or p ant of owner other than corpor n line 1 of space B and that the o icer or partner) I am an officer n line 1 of space B. ed the statement of account and	aust be certified and signed in accordance with Copyright Office regulat one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system as identified in line 1 of s ation or partnership) I am the duly authorized agent of the owner of the owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity identified d hereby declare under penalty of law that all statements of fact contained y knowledge, information, and belief, and are made in good faith.	space B; or cable system as identified as owner of the cable system
			X /s/ Sharon V. Tisdale Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	_
		Typed or printed	d name: Sharon V. Tisdale	
		Title: (Title of o	Assistant Treasurer fficial position held in corporation or partnership)	
		Date:	August 23, 2021	
Privacy Act Notice	: Section 111 of title	e 17 of the United States Code au	thorizes the Copyright Office to collect the personally identifying information (I	PII) requested on this

form in order to process your statement of account. PII is any personal 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.

ASS Metrocom, LLC 533 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 folories are view of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.* For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. Image date sets Image date sets Maining Address Image date sets Maining Address Image date sets Maining Address Must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. For the set complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. For the set complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For the set c	ounting Period: 2021/01	FORM SA1-2E. PAGE 8
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x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served	x	days
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.