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	-					
<i>Cable Syste</i> General instru	ictions are located of this workbook	08/23/2021	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150					
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))						
	2021/01	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
	2021	1 Barcode Data Filing Period (optiona	I - see instructions)						
Accounting Period									
В	Instructions: Give the full legal name of the owner of t of the subsidiary, not that of the parent o		diary of another corporation, give the full corp	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 sι ting period.	ıbmit 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.	63845					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	TDS Metrocom, LLC BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	)						
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM							
	525 Junction Road (Number, street, rural route, apartment, or suite	number)							
	Madison, WI 53717 (City, town, state, zip)								

 C
 INSTRUCTIONS: In line 1, give any business of rade 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.

 System
 Image: Dentification of CABLE SYSTEM:

 1
 IDENTIFICATION OF CABLE SYSTEM:

 1
 TDS Telecom, Inc.

 2
 (Number, street, rural route, apartment, or suite number)

 (City, town, state, zip code)

Privacy Act Notice: Section 111 of tile 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 approximation pile vou are agreeing to the routine use of it to establish and maintain a pulking report, which includes appearing in the Office's public indexes and in pile report.

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

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
Name	TDS Metrocom, LLC 63								
D	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 first community that you list will serve as a form of system identification hereafter know as the "first community." Please use it as the first community on all future filings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN STATE								
First	Pittsville	WI							
Community									
d Rows as Necessary									
	กลายการการการการการการการการการการการการการก								

	LEGAL NAME OF OWNER OF C	-	FORM SA1-2E. PAGE SYSTEM ID							
Name	TDS Metrocom, LLC							6384		
	SECONDARY TRANSMISSION			RATES						
E	In General: The information in s				ansmission ser	vice of th	ne cable			
	system, that is, the retransmissi									
Secondary	about other services (including )	, , ,	,	,	ite must be the	se existi	ng on the			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot				are to the cable	evetom	broken			
scribers and		•								
Rates	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 of	-				-				
	unit in which it is generally billed category, but do not include disc	• •	,		ate variations v	vithin a p	articular rate			
	Block 1: In the left-hand block				arv transmissio	on servic	e that cable			
	systems most commonly provid	•								
	that applies to your system. No			-						
	categories, that person or entity									
	subscriber who pays extra for ca				the count unde	er "Servic	e to the			
	Block 2: If your cable system				vice that are di	ifferent fr	om those			
		0								
	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.	11								
	BL			BLOCK	2 NO. OF					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI	ERS RATE	CATEGO	RY OF SERV	ICE	SUBSCRIBERS	RA		
	Residential:									
	<ul> <li>Service to first set</li> </ul>		24 \$25/mo							
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential		24 \$6/Mo.							
	Non-residential									
_	SERVICES OTHER THAN SEC In General: Space F calls for ra				our cable svste	m's servi	ces that were			
F	<b>In General:</b> 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 a	•		•		• • • •				
Services	furnished at cost or (2) services									
Other Than Secondary	amount of the charge and the up		usually billed. If any	rates are charg	ed on a variab	le per-pr	ogram basis,			
ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	<b>Block 2:</b> 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 SE		RATE	CATEGC	ORY OF SERVICE	RA1		
	Continuing Services:		Installation: Non-re	esidential						
	• Pay cable	\$8.00-\$19.99	• Motel, hotel							
	• Pay cable—add'l channel		Commercial		\$0-\$49.95					
	Fire protection		• Pay cable							
	•Burglar protection		Pay cable-add'l	cnannel						
	Installation: Residential		Fire protection							
	• First set	\$0-\$49.95	Burglar protection	n						
		\$0-\$49.95	Other services:							
	• Additional set(s)		Dec. 1							
	• FM radio (if separate rate)		• Reconnect		\$0-\$25					
	.,		Disconnect							
	• FM radio (if separate rate)				\$0-\$25 .98-39.96					

Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYST			
Name	TDS Metrocom, LLC						
	PRIMARY TRANSMITTERS:         TELEVISION           In General:         In space G, identify every television station (including translator stations and low power television stations)						
G Primary nsmitters: elevision	<ul> <li>carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under</li> <li>FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections</li> <li>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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph.</li> <li>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:</li> <li>Do <i>not</i> 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 <i>only</i> on a substitute basis.</li> <li>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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream</li> <li>"WETA-2" as the same on the form.</li> <li>Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.</li> <li>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 noncommercial educational multicast).</li> <li>(for independent multicast), "E" (for noncommercial elucational), or "E-10" (for non</li></ul>						
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.         1. CALL SIGN       2. B'CAST CHANNEL NUMBER       3. TYPE OF STATION       4. LOCATIO						
	WAOW	9.1	N	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			
		20.0	<b>—</b> 171	Tuuguu, III			
		20.4					
	WHRM-DT4	20.4	E-M	Wausau, WI			
	WSAW	7.1	E-M N	Wausau, WI Wausau, WI			
	WSAW WSAW-DT2	7.1 7.2	E-M N N-M	Wausau, WI Wausau, WI Wausau, WI			
	WSAW WSAW-DT2 WSAW-DT3	7.1 7.2 7.3	E-M N N-M N-M	Wausau, WI Wausau, WI Wausau, WI Wausau, WI			
	WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4	7.1 7.2 7.3 7.4	E-M N N-M N-M N-M	Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI			
	WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5	7.1 7.2 7.3 7.4 7.5	E-M N N-M N-M N-M	Wausau, WI			
	WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX	7.1 7.2 7.3 7.4 7.5 46.1	E-M N N-M N-M N-M N-M I	Wausau, WI         Antigo, WI			
	WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	7.1         7.2         7.3         7.4         7.5         46.1         12.1	E-M N N-M N-M N-M I N	Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Antigo, WI         Rhinelander, WI			
	WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX	7.1 7.2 7.3 7.4 7.5 46.1	E-M N N-M N-M N-M N-M I	Wausau, WI         Antigo, WI			
	WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	7.1         7.2         7.3         7.4         7.5         46.1         12.1	E-M N N-M N-M N-M I N	Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Antigo, WI         Rhinelander, WI			
	WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	7.1         7.2         7.3         7.4         7.5         46.1         12.1	E-M N N-M N-M N-M I N	Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Antigo, WI         Rhinelander, WI			
	WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	7.1         7.2         7.3         7.4         7.5         46.1         12.1	E-M N N-M N-M N-M I N	Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Antigo, WI         Rhinelander, WI			
	WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	7.1         7.2         7.3         7.4         7.5         46.1         12.1	E-M N N-M N-M N-M I N	Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Antigo, WI         Rhinelander, WI			
	WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	7.1         7.2         7.3         7.4         7.5         46.1         12.1	E-M N N-M N-M N-M I N	Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Wausau, WI         Antigo, WI         Rhinelander, WI			

all-band basis wi Special Instruct receivable if (1) i on the basis of n For detailed infoi paper SA1-2 forr Column 1: Ide Column 2: St Column 3: If i signal, indicate ti Column 4: Gi	every radio s hose signals tions Concer- it is carried by nonitoring, to rmation abou m. entify the call tate whether t the radio stati his by placing ive the statior	station c were ge rning A y the sy be rece the sy l sign of the stati ion's sig g a chec n's locat	C) arried on a separate and disc enerally receivable by your ca All-Band FM Carriage: Under stem whenever it is received evived at the headend, with the iopyright Office regulations on each station carried. ion is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which in , the community with which the	ble system durin Copyright Offic at the system's system's FM an this point, see seed by the cable the station is lice	ng the accoun e regulations, headend, and ntenna, during bage (v) of the e system as a ensed by the F	ting peri an FM s (2) it ca certain genera separat	od. signal is generally n be expected, stated intervals. I instructions in the. e and discrete	H Primary Transmitters Radio
In General: List all-band basis wi Special Instruct receivable if (1) i on the basis of n For detailed infoi paper SA1-2 forn Column 1: Idi Column 2: St Column 3: If fi Signal, indicate ti Column 4: Gi Mexican or Cana	every radio s hose signals tions Concer- it is carried by nonitoring, to rmation abou m. entify the call tate whether t the radio stati his by placing ive the stations	station c were ge rning A y the sy be rece the stati ion's sig g a chec n's locat s, if any,	arried on a separate and disc enerally receivable by your ca <b>II-Band FM Carriage:</b> Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. ion is AM or FM. gnal was electronically proces ck mark in the "S/D" column. tion (the community to which	ble system durin Copyright Offic at the system's system's FM an this point, see seed by the cable the station is lice	ng the accoun e regulations, headend, and ntenna, during bage (v) of the e system as a ensed by the F	ting peri an FM s (2) it ca certain genera separat	od. signal is generally n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitters
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CALL SIGN					unou).			
		3/0	LOCATION OF STATION	CALL SIGN	AM or EM	S/D	LOCATION OF STATION	
N/A			LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					]			
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			·				·	
							·	
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Name T	EGAL NAME OF OWNER OF	CABLE SYST							
SI	DS Metrocom, LLC		EWI.					SYSTEM ID 6384	
-	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
	UBSITIUTE CARRIAG	E: SPECIA	LSIAIEMEN	NT AND PROGRAM LOO	ز				
				<i>ion program,</i> broadcast by					
	0	•••		ecific present and former FC					
<b>A</b>		-		this log, see page (v) of th	e general inst	ructions in the	paper SA1	I-2 form.	
Special I.	. SPECIAL STATEMEN			carry, on a substitute bas	is any nonne	stwork televisi	on program	m	
Statement and	roadcast by a distant sta		r cable system	carry, on a substitute bas	is, any nonne		- · ·	×NO	
		", leave the	rest of this pag	je blank. If your answer is	"Yes," you m	ust complete	the progra	Im	
	og in block 2 LOG OF SUBSTITUTI		MS						
				te line. Use abbreviations	wherever pos	ssible, if their	meaning is	s	
	ear. If you need more spa								
				ision program ("substitute ur cable system substitute					
ur	nder certain FCC rules, re	gulations, o	r authorization:	s. See page (v) of the gen	eral instructio	ons for further	informatio	n.	
	o not use general catego NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I Lov	e Lucy" or		
IN			lcast live, ente	r "Yes." Otherwise enter "I	No."				
				sting the substitute progra					
			· · ·	ne community to which the community with which the		,	FCC or, in		
				tem carried the substitute		,	vith the mo	nth	
fin	rst. Example: for May 7 gi	ve "5/7."							
				gram was carried by your ed by a system from 6:01:				ely	
	tated as "6:00–6:30 p.m."	слатріс. а	i piografii carn	ed by a system nom 0.01.	15 p.m. to 0.2	20.00 p.m. sn			
				was substituted for progra					
		•		ring the accounting period s permitted to delete unde				ram	
	ffect on October 19, 1976	• •	our system wa				13 111		
	SUBSTITUTE PROGRAM								
	S	UBSTITUT	E PROGRAM			N SUBSTITU		7. REASON FO	
_	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	7. REASON FO	
	1. TITLE OF PROGRAM	1		4. STATION'S LOCATION	CARR	AGE OCCUI 6. TIN	RRED		
N		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES		
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N)	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES		
<u>N.</u>	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES		
<u>N.</u>	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES		
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 	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES		
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  	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES		
N. 	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCUI 6. TIN	RRED IES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCUI 6. TIN	RRED IES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCUI 6. TIN	RRED IES		
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	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCUI 6. TIN	RRED IES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCUI 6. TIN	RRED IES		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCUI 6. TIN	RRED IES		

Accounting Period:	<b>2021/01</b> FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID#       TDS Metrocom, LLC     63845
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.
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)           1. Base amount under statutory formula         \$263,800.00
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	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
	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 \$ 263,800.00
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	EFT Trace # or TRANSACTION ID #
	<b>Important:</b> 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 OV TDS Metrocom,	WNER OF CABLE SYSTEM:		SYSTEM ID# 63845
<b>M</b> Channels	<ul> <li>to its subscribers,</li> <li>1. Enter the total n system carried to</li> <li>2. Enter the total n on which the cab</li> </ul>	and (2) the cable system's to number of channels on which	roadcast stations	st stations 17 147
N Individual to Be Contacted		BE CONTACTED IF FURTHE hout this statement of account	R INFORMATION IS NEEDED (Identify an individual to whom .)	
for Further Information	Name	Stephanie Weber		Felephone (608) 664-4721
	(	525 Junction Rd (Number, street, rural route, apartme Madison, WI 53593 (City, town, state, zip)	nt, or suite number)	
	Email	Finance@tdstelecon	n.com Fax (optional)	
O Certification	I, the undersigned     (Owner     (Agent c         in lin     X     (Officer         in lin     V     I have examined t	d, hereby certify that (Check on other than corporation or pa of owner other than corporat the 1 of space B and that the ow r or partner) I am an officer (if the 1 of space B. the statement of account and h , and correct to the best of my b	st be certified and signed in accordance with Copyright Office re te, <i>but only one</i> , of the boxes.) <b>rtnership)</b> I am the owner of the cable system as identified in line <b>ion or partnership)</b> I am the duly authorized agent of the owner of the result of the owner of the cable system as identified in line <b>ion or partnership)</b> I am the duly authorized agent of the owner of the result of the owner of the cable system as identified in line <b>ion or partnership)</b> I am the duly authorized agent of the owner of the owner of the system as a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity ident where by declare under penalty of law that all statements of fact cont knowledge, information, and belief, and are made in good faith.	1 of space B; or of the cable system as identified ntified as owner of the cable system
			X /s/ Sharon V. Tisdale	nt.
		Typed or printed r	name: Sharon V. Tisdale	
			Assistant Treasurer Jal position held in corporation or partnership)	
		Date:	August 23, 202	21
Privacy Act Notice	: Section 111 of title 17	7 of the United States Code auth	orizes the Copyright Office to collect the personally identifying informa	ation (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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
S Metrocom, LLC	6384
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 lowing sentence:     "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas     service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclus     scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11	sic de sub- 19." Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmis made by satellite carriers to satellite dish owners?	ssions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	days
^	uays
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
(interest charge	ge)
* 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.	
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.	
** 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, list below the owner, address, first community served, ID number, and accounting period as given in the original f	
** 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,	
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<ul> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> <li>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, list below the owner, address, first community served, ID number, and accounting period as given in the original f</li> <li>Owner</li> <li>Address</li> </ul>	

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