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	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	_
Cable Syste	ems (Short Form) uctions are located	08/23/2021	\$	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workbook		ALLOCATION NUMBER	
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	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		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.	63846
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT	)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	(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 "c "a separate and distinct community or municipal entity (including unincorpo 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 sing aat you list will serve as a form of system identification hereafter kn ilings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
First	CITY OR TOWN Wausau	STATE WI						
First Community	Wausau							
,								
d Rows as Necessary								
,								

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM <sup>.</sup>					FORM SA1			
Name	TDS Metrocom, LLC						010	6384		
Е	SECONDARY TRANSMISSION In General: The information in s				v transmission	service of	the cable			
—	system, that is, the retransmissi	•	-							
Secondary	about other services (including p	, , ,	,	,		those exist	ting on the			
Transmission	last day of the accounting period Number of Subscribers: Bot					hla avatam	halten			
Service: Sub- scribers and	down by categories of secondar	•								
Rates	, .		•		•					
	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). <b>Rate:</b> 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 category, but do not include disc	· ·	,			s within a	particular rate			
	Block 1: In the left-hand block				ondary transmis	sion servi	ce that cable			
	systems most commonly provide									
	that applies to your system. <b>Not</b> categories, that person or entity		-		-					
	subscriber who pays extra for ca									
	first set" and would be counted of	once again und	ler "Service to addit	onal set(s)."						
	Block 2: If your cable system	•	•							
	printed in block 1 (for example, the with the number of subscribers and the subscribers and the subscribers are subscribers and the subscribers are subscribers and the subscribers are subscr									
	sufficient.	and rates, in th	e fight-fiand block.		e-word descript					
	BLO	OCK 1				BLOCK	(2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATE	GORY OF SEF		NO. OF SUBSCRIBERS	RAT		
	Residential:	JUBJURID	ERS RATE	CATE	GONT OF SER	VICE	SUBSCRIBERS	DA1		
	Service to first set		1,320 \$25/m	,						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		21 \$40/mo	)						
	Converter									
	<ul> <li>Residential</li> </ul>	,	1,320 \$6/Mo							
	Non-residential									
								•		
_	SERVICES OTHER THAN SEC In General: Space F calls for ra				l vour cable sv	stem's serv	vices that were			
F	not covered in space E, that is, t									
	service for a single fee. There a	•		•		0 (	,			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		usually blicu. If all		arged on a van	abic pei-p	rogram basis,			
ransmissions:	Block 1: Give the standard ra		•		• •					
Rates	Block 2: List any services that	• •		-	-					
	listed in block 1 and for which a brief (two- or three-word) descri	vices in the	e form of a							
	CATEGORY OF SERVICE	BLO RATE	CK 1		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT		
	Continuing Services:		Installation: Non-	-		UATEO				
	• 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'	channel						
	Installation: Residential		Fire protection							
	• First set	\$0-\$49.95	<ul> <li>Burglar protecti</li> </ul>	on						
	<ul> <li>Additional set(s)</li> </ul>	\$0-\$49.95	Other services:							
	• FM radio (if separate rate)		Reconnect		\$0-\$25					
	Converter		<ul> <li>Disconnect</li> </ul>							
			<ul> <li>Outlet relocatio</li> </ul>	n	19.98-39.96					

	LEGAL NAME OF OWNER C			SYSTE					
Name	TDS Metrocom, LLC			6					
	PRIMARY TRANSMITTERS:								
-		dentify every television station (including t	translator stations and low power	television stations)					
G	carried by your cable syste	em during the accounting period, except	(1) stations carried only on a part	time basis under					
Primary	5	s in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.67	s	•					
nsmitters:	substitute program basis,	as explained in the next paragraph.							
elevision	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								
	<ul> <li>station was carried only 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</li> </ul>								
		tion concerning substitute basis stations, son concerning substitute basis stations, son concerning the station p							
	multicast stream associate	ed with a station according to its over-the	+	-					
	"WETA-2" as the same on Column 2: Give the chann	n the form. nel number the FCC assigned to the telev	vision station for broadcasting ove	er the air in its community					
	of license. For example, V	WRC is channel 4 in Washington, D.C.	-						
		ch case whether the station is a network s tering the letter "N" (for network), "N-M" (f	•						
	(for independent multicast	t), "E" (for noncommercial educational), o	or "E-M" (for noncommercial educa						
	Column 4: Give the locati	terms, see page (iv) of the general instruction of each station. For U.S. stations, list	the community to which the station	-					
	FCC. For Mexican or Can	adian stations, if any, give the name of th	ne community with which the statio	on is identified.					
	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					
		20.2 20.3	E-M E-M						
	WHRM-DT2 WHRM-DT3	20.3	E-M	Wausau, WI Wausau, WI					
	WHRM-DT2 WHRM-DT3 WHRM-DT4	20.3 20.4	E-M E-M	Wausau, WI Wausau, WI Wausau, WI					
	WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW	20.3 20.4 7.1	E-M E-M N	Wausau, WI Wausau, WI Wausau, WI Wausau, WI					
	WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2	20.3 20.4 7.1 7.2	E-M E-M N N-M	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Wausau, WI					
	WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3	20.3 20.4 7.1 7.2 7.3	E-M E-M N N-M N-M	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Wausau, WI Wausau, WI					
	WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4	20.3 20.4 7.1 7.2 7.3 7.4	E-M E-M N N-M N-M N-M	Wausau, WI         Wausau, WI					
	WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5	20.3       20.4       7.1       7.2       7.3       7.4       7.5	E-M E-M N N-M N-M	Wausau, WI         Wausau, WI					
	WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4	20.3 20.4 7.1 7.2 7.3 7.4	E-M E-M N N-M N-M N-M N-M I	Wausau, WI         Wausau, WI					
	WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5	20.3       20.4       7.1       7.2       7.3       7.4       7.5	E-M E-M N N-M N-M N-M	Wausau, WI         Wausau, WI					
	WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX	20.3       20.4       7.1       7.2       7.3       7.4       7.5       46.1	E-M E-M N N-M N-M N-M N-M I	Wausau, WI         Antigo, WI					
	WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	20.3       20.4       7.1       7.2       7.3       7.4       7.5       46.1       12.1	E-M E-M N N-M N-M N-M I N-M	Wausau, WI         Rhinelander, WI					
	WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	20.3       20.4       7.1       7.2       7.3       7.4       7.5       46.1       12.1	E-M E-M N N-M N-M N-M I N-M	Wausau, WI         Rhinelander, WI					
	WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	20.3       20.4       7.1       7.2       7.3       7.4       7.5       46.1       12.1	E-M E-M N N-M N-M N-M I N-M	Wausau, WI         Rhinelander, WI					
	WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	20.3       20.4       7.1       7.2       7.3       7.4       7.5       46.1       12.1	E-M E-M N N-M N-M N-M I N-M	Wausau, WI         Rhinelander, WI					
	WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	20.3       20.4       7.1       7.2       7.3       7.4       7.5       46.1       12.1	E-M E-M N N-M N-M N-M I N-M	Wausau, WI         Rhinelander, WI					
	WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT3 WSAW-DT4 WSAW-DT5 WTPX WJFW	20.3       20.4       7.1       7.2       7.3       7.4       7.5       46.1       12.1	E-M E-M N N-M N-M N-M I N-M	Wausau, WI         Rhinelander, WI					

LEGAL NAME OF		CABLE S	SYSIEM:					SYSTEM I 638
	t every radio s	station c	<b>)</b> arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Co	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 it 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. ion is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which th , the community with which th	at the system's I system's FM ar this point, see p used by the cable the station is lice	neadend, and ntenna, during page (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
			-			0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								
							·	

ccounting Perio							FORM	I SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID
	TDS Metrocom, LLC							6384
	SUBSTITUTE CARRIAG	E: SPECIA		T AND PROGRAM LO	G			
•	In General: In space I, iden							
Substitute	substitute basis during the a explanation of the programm	• •		•				
Carriage:	1. SPECIAL STATEMEN	-			general met		paper erri	2.000
Special	During the accounting pe				sis. anv nonne	etwork televis	ion progra	m
Statement and Program Log	broadcast by a distant sta		,		, <b>,</b>		YES	X NO
Frogram Log	,				"Mara"			
	Note: If your answer is "No	, leave the	rest of this pag	je blank. Il your answer is	res, you m	ust complete	the progra	(TT)
	log in block 2. 2. LOG OF SUBSTITUT		MS					
	In General: List each subs			te line. Use abbreviations	wherever pos	ssible, if their	meaning is	s
	clear. If you need more spa	ace, please a	add additional	rows to the tables.			-	
	<b>Column 1:</b> Give the title period, was broadcast by a			ision program ("substitute				
	under certain FCC rules, re							
	Do not use general catego	ries like "mo						
	"NBA Basketball: 76ers vs.		depet live onto	"Waa" Otherwise enter "	Nie "			
				r "Yes." Otherwise enter "l Isting the substitute progra				
	Column 4: Give the bro	adcast statio	on's location (th	e community to which the	station is lice		FCC or, in	
	the case of Mexican or Cal		, ,	,		,		
	first. Example: for May 7 gi		when your sys	tem carried the substitute	program. Use	e numerais, v	vith the mo	ntn
	. , , ,		e substitute pro	gram was carried by your	cable system	. List the time	es accurate	ely
	to the nearest five minutes	. Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. sh	ould be	
	stated as "6:00–6:30 p.m."	ter "R" if the	listed program	was substituted for progr	amming that y	vour system v	was requir	red
	<b>Column 7:</b> Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program							
	to delete under FCC rules	and regulation	ons in effect du		d; enter the le	tter "P" if the	listed prog	ram
	was substituted for program	nming that y		ring the accounting period				ram
		nming that y		ring the accounting period				ram
	was substituted for program	nming that y		ring the accounting period	er FCC rules a		ns in	ram
	was substituted for program effect on October 19, 1976	mming that y		ring the accounting period s permitted to delete unde	er FCC rules a	and regulation	UTE RRED	7. REASON FO
	was substituted for program effect on October 19, 1976	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	BUBSTITUT	our system wa	ring the accounting period s permitted to delete unde	WHE CARRI	and regulation	UTE RRED	7. REASON F
	was substituted for program effect on October 19, 1976	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F
	was substituted for program effect on October 19, 1976 1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	OUT SYSTEM WA	ring the accounting period s permitted to delete unde	WHE CARRI 5. MONTH	AN SUBSTIT	UTE RRED MES	7. REASON F

Accounting Period:	<b>2021/01</b> FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:     SYSTEM ID       TDS Metrocom, LLC     6384
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 \$ 240,080.95
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 240,080.95
	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 \$ 1,081.81
	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
	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)       \$ 1,081.81
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 \$ 1,101.81
	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 OWN	NER OF CABLE SYSTEM: LC		SYSTEM ID# 63846
M Channels	<ul> <li>to its subscribers, and</li> <li>1. Enter the total nu system carried tele</li> <li>2. Enter the total nu on which the cable</li> </ul>	nd (2) the cable system's to	proadcast stations	
N Individual to Be Contacted		E CONTACTED IF FURTHI ut this statement of accoun	ER INFORMATION IS NEEDED (Identify an individual to )	o whom
for Further Information	Name S	tephanie Weber		Telephone (608) 664-4721
	(N M	25 Junction Rd lumber, street, rural route, apartm Madison, WI 53593 ity, town, state, zip) Finance@tdsteleco		tional)
			st be certified and signed in accordance with Copyright	<sup>•</sup>
O Certification	I, the undersigned,     (Owner of     (Agent of         in line     X     (Officer of         in line     + I have examined the	hereby certify that (Check o ther than corporation or pa owner other than corpora 1 of space B and that the ov or partner) I am an officer (if 1 of space B. e statement of account and and correct to the best of my	ne, <i>but only one</i> , of the boxes.) <b>irtnership)</b> I am the owner of the cable system as identified <b>tion or partnership)</b> I am the duly authorized agent of the vner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal e nereby declare under penalty of law that all statements of knowledge, information, and belief, and are made in good	ed in line 1 of space B; or owner of the cable system as identified ntity identified as owner of the cable system fact contained herein
			X /s/ Sharon V. Tisdale Enter an electronic signature on the line above to certify this Enter signature using an "/s/ signature" (e.g., /s/ John Smith	
		Typed or printed	name: Sharon V. Tisdale	
			Assistant Treasurer clal position held in corporation or partnership)	
		Date:	Augus	t 23, 2021
Privacy Act Notice	: Section 111 of title 17 of	of the United States Code aut	norizes the Copyright Office to collect the personally identifyin	a 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	63846
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 inclu- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1	Isic de sub- Special Statement
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 transm made by satellite carriers to satellite dish owners?	issions
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
	-
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2	form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	Form. Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2         Line 1       Enter the amount of late payment or underpayment	form. Q Interest Assessment  days 
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2         Line 1       Enter the amount of late payment or underpayment	form. Q Interest Assessment  days  ge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2         Line 1       Enter the amount of late payment or underpayment	form. Q Interest Assessment  days  ge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessment  days  ge) please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessment  days  ge) please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessment  days  ge) please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessment  days  ge) please

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.