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.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

## SA1-2E Short Form

Return completed workbook by email to:

## coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	-	
Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/02     Period 1 = January 1 - June 30     Period 2 = July 1 - December 31
		20212 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		TDS Metrocom, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Road (Number, street, rural route, apartment, or suite number)
		Madison, WI 53717
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
	+	
Privacy Act Notic	e: Soctio	n 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2/18/2022

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 sufficiency of the fling, a determination that would be made by a court of law.

Name		SYSTEM ID# 63703
D	TDS Metrocom, LLC Instructions: List each separate community served by the cable system. A "or separate and distinct community or municipal entity (including unincorpora unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or	ted communities within unincorporated areas and including single, discrete ist will serve as a form of system identification hereafter known as the "first
Area Served	city.	mobile nome parks should be reported in parentices below the identified
	CITY OR TOWN	STATE
First Community	Baraboo	WI
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E SVSTEM.						FORM SA1-	TEM I	
Name	TDS Metrocom, LLC	ABLE STOTEM.						010	637	
	· · · · · · · · · · · · · · · · · · ·									
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
<b>-</b>	<b>In General:</b> 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									
Secondary	about other services (including									
Fransmission	last day of the accounting period							C C		
Service: Sub-	Number of Subscribers: Both	•					,	,		
scribers and Rates	down by categories of secondar each category by counting the n					•				
Rates	separately for the particular serv							scharged		
	Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed	• •		,	ny standai	rd rate variation	s within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondany transmi	ssion servi	ce that cable		
	systems most commonly provide			-						
	that applies to your system. Not									
	categories, that person or entity						•			
	subscriber who pays extra for ca					l in the count ur	ider "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that are	different	from those		
	printed in block 1 (for example,									
	with the number of subscribers a	and rates, in th	e right-h	nand block. A t	vo- or thre	e-word descript	on of the	service is		
	sufficient.	OCK 1					BLOC	()		
		NO. OF					BLUCI	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RA	
	Residential:									
	Service to first set		10	\$25/mo						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel Commercial									
	Converter     Residential		10	\$6/Mo.						
	Non-residential		10	\$6/1410.						
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	3					
F	In General: Space F calls for ra		,		-	• •				
Г	not covered in space E, that is,									
Services	service for a single fee. There a furnished at cost or (2) services		,		0		0 (	/		
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the									
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha							twere not		
Rales	listed in block 1 and for which a				0	•				
	brief (two- or three-word) descrip									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	-	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA	
	Continuing Services:		Install	ation: Non-res	idential					
	• Pay cable	\$8.00-\$15.00	• Mo	tel, hotel						
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	mmercial		\$0 - \$50.00				
	Fire protection		•Pa	y cable						
	<ul> <li>Burglar protection</li> </ul>			y cable-add'l ch	annel					
	Installation: Residential			e protection						
	• First set	\$0-\$50.00		rglar protection						
	Additional set(s)	\$0-\$50.00		services:						
	• FM radio (if separate rate)			connect		\$0-\$25.00				
	Converter			connect					ļ	
			_	tlet relocation		19.98-39.96				

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM				
Name	TDS Metrocom, LLC			63				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	<b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under							
-	FCC rules and regulations	in effect on June 24, 1981, permitting the	carriage of certain network progra	ams [sections				
Primary nsmitters:		e)(2) and (4), or 76.63 (referring to 76.61( as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain sta	tions carried on a				
elevision	Substitute Basis Stations	s: With respect to any distant stations carr	ried by your cable system on a sub	bstitute program				
	• Do not list the station her	rules, regulations, or authorizations: re in space G—but do list it in space I (the	Special Statement and Program	Log)—if the				
	station was carried only on							
	basis. For further information	on concerning substitute basis stations, se	ee page (v) of the general instruct	ions.				
	multicast stream associate	on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	-	-				
	"WETA-2" as the same on	•	<b>.</b>					
	of license. For example, W	VRC is channel 4 in Washington, D.C.	Ũ	,				
		h case whether the station is a network sta ering the letter "N" (for network), "N-M" (for	•					
	(for independent multicast)	), "E" (for noncommercial educational), or ' erms, see page (iv) of the general instructi	"E-M" (for noncommercial educati					
	Column 4: Give the location	on of each station. For U.S. stations, list th	he community to which the station					
	FCC. For Mexican or Cana	adian 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. LOCATION OF STATION				
		27.1	N M	Madison, WI				
*I	WKOW-DT2 WKOW-DT3	27.2	<u>N-M</u>	Madison, WI				
ows as Necessary	WKOW-DT3	27.3	N-M	Madison, WI				
				Madison, WI				
	WKOW-DT5	27.5	N-M	Madison, WI				
		<b>A A</b>	NI NI	8412 1A/I				
		3.1	N	Madison, WI				
	WISC-DT2	3.2	N-M	Madison, WI				
	WISC-DT2 WISC-DT3	3.2 3.3	N-M N-M	Madison, WI Madison, WI				
	WISC-DT2 WISC-DT3 WMSN	3.2 3.3 47.1	N-M N-M N	Madison, WI Madison, WI Madison, WI				
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2	3.2       3.3       47.1       47.2	N-M N-M N N-M	Madison, WI Madison, WI Madison, WI Madison, WI				
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3	3.2       3.3       47.1       47.2       47.3	N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI				
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4	3.2       3.3       47.1       47.2       47.3       47.4	N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI				
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV	3.2       3.3       47.1       47.2       47.3       47.4       15.1	N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI				
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2	3.2       3.3       47.1       47.2       47.3       47.4       15.1       15.2	N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI				
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT2	3.2       3.3       47.1       47.2       47.3       47.4       15.1       15.2       15.3	N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI				
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2	3.2       3.3       47.1       47.2       47.3       47.4       15.1       15.2	N-M N-M N-M N-M N-M N-M N-M	Madison, WI				
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT2	3.2       3.3       47.1       47.2       47.3       47.4       15.1       15.2       15.3	N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI				
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4	3.2       3.3       47.1       47.2       47.3       47.4       15.1       15.2       15.3       15.4	N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI				
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT4 WMTV-DT3 WMTV-DT4 WMTV-DT5	3.2         3.3         47.1         47.2         47.3         47.4         15.1         15.2         15.3         15.4         15.5	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI				
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT4 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6	3.2         3.3         47.1         47.2         47.3         47.4         15.1         15.2         15.3         15.4         15.5         15.6	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI				
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV-DT4 WMTV-DT2 WMTV-DT3 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA	3.2         3.3         47.1         47.2         47.3         47.4         15.1         15.2         15.3         15.4         15.5         15.6         21.1	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI				
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV-DT4 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA WHA-DT2	3.2         3.3         47.1         47.2         47.3         47.4         15.1         15.2         15.3         15.4         15.5         15.6         21.1         21.2	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI         Madison, WI				

unting Period:	2021/02			FORM SA1-2E. PA				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	TDS Metrocom, LLC			63				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable systen	ntify every television station (including n during the accounting period, <i>except</i>	(1) stations carried only on a part-time	e basis under				
	5	n effect on June 24, 1981, permitting th		•				
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.6	51(e)(2) and (4))]; and (2) certain station	ns carried on a				
Television	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							
		iles, regulations, or authorizations:						
		e in space G—but do list it in space I (th	he Special Statement and Program Log	g)—if the				
	station was carried only on	a substitute basis. also in space I, if the station was carried	d both on a substitute basis and also or	n como othor				
	basis. For further informatio	on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	see page (v) of the general instruction	IS.				
	multicast stream associated	with a station according to its over-the	e-air designation. For example, report	multistream				
	"WETA-2" as the same on t							
		el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over the	e air in its community				
		case whether the station is a network	station. an independent station. or a no	oncommercial				
			· · · · · ·					
	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 independent multicast),	"E" (for noncommercial educational), c	or "E-M" (for noncommercial education	al multicast).				
	For the meaning of these te	rms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	,				
	For the meaning of these te <b>Column 4:</b> Give the location		uctions in the paper SA1-2 form. t the community to which the station is I	licensed by the				
	For the meaning of these te <b>Column 4:</b> Give the location	rms, see page (iv) of the general instru n of each station. For U.S. stations, list	uctions in the paper SA1-2 form. t the community to which the station is I	licensed by the				
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	uctions in the paper SA1-2 form. It the community to which the station is I he community with which the station is	licensed by the identified.				
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	uctions in the paper SA1-2 form. It the community to which the station is I he community with which the station is	licensed by the identified.				
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	uctions in the paper SA1-2 form. It the community to which the station is I he community with which the station is	licensed by the identified.				
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	uctions in the paper SA1-2 form. It the community to which the station is I he community with which the station is	licensed by the identified.				
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	uctions in the paper SA1-2 form. It the community to which the station is I he community with which the station is	licensed by the identified.				
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	uctions in the paper SA1-2 form. It the community to which the station is I he community with which the station is	licensed by the identified.				
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	uctions in the paper SA1-2 form. It the community to which the station is I he community with which the station is	licensed by the identified.				
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	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	uctions in the paper SA1-2 form. It the community to which the station is I he community with which the station is	licensed by the identified.				
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	uctions in the paper SA1-2 form. It the community to which the station is I he community with which the station is	licensed by the identified.				
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	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	uctions in the paper SA1-2 form. It the community to which the station is I he community with which the station is	licensed by the identified.				
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	uctions in the paper SA1-2 form. It the community to which the station is I he community with which the station is	licensed by the identified.				
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	uctions in the paper SA1-2 form. It the community to which the station is I he community with which the station is	licensed by the identified.				
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	uctions in the paper SA1-2 form. It the community to which the station is I he community with which the station is	licensed by the identified.				
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	uctions in the paper SA1-2 form. It the community to which the station is I he community with which the station is	licensed by the identified.				
	For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	uctions in the paper SA1-2 form. It the community to which the station is I he community with which the station is	licensed by the identified.				

LEGAL NAME OF		JABLE S	ISIEM:					SYSTEM I 637
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	н
eccivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether t the radio stati this by placing Sive the statior	/ the sys be recei t the Co sign of e he static ion's sign a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on th each station carried. on is AM or FM. hal was electronically processes at mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anter is point, see pag ed by the cable sy e station is licens	dend, and (2) nna, during ce e (v) of the ge estem as a sep ed by the FCC	it can b rtain sta eneral ins	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
V/A		5,0				5,0		
		1						

Accounting Perio	od: 2021/02					FORM	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER O	F CABLE SYS	TEM:				SYSTEM ID#
Name	TDS Metrocom, LLC						63793
I		-	-	T AND PROGRAM LOG			
Substitute	substitute basis during the	accounting p	eriod, under spe	<i>ion program,</i> broadcast by a ecific present and former FC this log, see page (v) of the	C rules, regulati	ons, or authorizations.	For a further
Carriage:	1. SPECIAL STATEMEN	IT CONCER	NING SUBST	ITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting p</li> </ul>	eriod, did you	ir cable system	carry, on a substitute basi	s, any nonnetw	ork television prograr	<u>n</u>
Program Log	broadcast by a distant st	ation?				YES	×NO
	Note: If your answer is "N	o", leave the	rest of this pag	ge blank. If your answer is '	"Yes," you mus	t complete the progra	
	log in block 2.						
	2. LOG OF SUBSTITUT		-				
				te line. Use abbreviations	wherever possi	ble, if their meaning is	6
	clear. If you need more sp Column 1: Give the titl			ision program ("substitute	program") that	during the accounting	r
				our cable system substitute			
				s. See page (v) of the gene			
	"NBA Basketball: 76ers v		vies" or "baske	etball." List specific progran	n titles, for exar	nple, "I Love Lucy" or	
	Column 2: If the progra	am was broa	,	r "Yes." Otherwise enter "N			
				asting the substitute progra ne community to which the		sed by the ECC or in	
			· ·	community with which the			
	Column 5: Give the me	onth and day		tem carried the substitute			nth
	first. Example: for May 7 g		aubatituta pro	gram was carried by your	able aveters I	ist the times assurate	sh <i>i</i>
			•	ed by a system from 6:01:			ery
	stated as "6:00-6:30 p.m.	53					
				was substituted for progra		•	
				uring the accounting period as permitted to delete unde			ram
	effect on October 19, 197	• •	our system we				
		SUBSTITUT	E PROGRAM	l		SUBSTITUTE GE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
	N/A					_	
						_	
						_	
						_	
						_	
						_	
	[		Т	T			Γ

Accounting Period:	<b>2021/02</b> FORM SA1-2	2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS TDS Metrocom, LLC	TEM ID# 63793
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 of 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, see 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.	69.66 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
	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	0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)         1. Enter the amount of gross receipts from space K         2. Base amount under statutory formula         3. Subtract line 2 from line 1         4. Multiply line 3 by .01         5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)         \$         1. Enter the amount from line 4, space Q, page 8         0.00         7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)       \$ 52.00         2. Filing Fee (See the instructions for more information on filing fee calculations)       \$ 15.00         3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3       \$	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/02	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SYSTEM ID# 63793
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations	23
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	154
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Stephanie Weber Telephone (	608) 664-4721
	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number) Madison, WI 53593 (City, town, state, zip)	
	Email <u>Finance@tdstelecom.com</u> Fax (optional	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> </ul>	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys in line 1 of space B and that the owner is not a corporation or partnership; or	
	<ul> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <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>	r of the cable system
	[18 U.S.C., Section 1001(1986)]	
	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 name: Sharon V. Tisdale	
	Title:     Assistant Treasurer       (Title of official position held in corporation or partnership)	
	Date: February 18, 2022	

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.

ounting Period: 2021/02	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
S Metrocom, LLC	6379
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 located in the paper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?           X         NO	
YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Mailing Address         Mailing Address       Mailing Address	
<b>INTEREST ASSESSMENT</b> You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q Interest Assessmen
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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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.