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

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

in the first tab	of this	s workbook ALLOCATION NUMBER 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 as 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	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notic	e: Sectio	on 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

2/18/2022

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.

E

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 63796
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings.	63796 'community" is the same as a "community unit" as defined in FCC rules: "a ated communities within unincorporated areas and including single, discrete list will serve as a form of system identification hereafter known as the "first r mobile home parks should be reported in parentheses below the identified
Area Served	city.	r mobile nome parks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First Community	Oregon	WI
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1-	
Name	TDS Metrocom, LLC								6379
_	SECONDARY TRANSMISSION	I SERVICE: SU	BSCR	IBERS AND RA	TES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmissi about other services (including r								
Secondary Transmission	last day of the accounting period	, , ,	'		,		LI IOSE EXIS		
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E ca	all for the number	er of subso	ribers to the ca	,	,	
scribers and	down by categories of secondar								
Rates	each category by counting the n separately for the particular serv		,	0,0			,	s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· · ·		,	ny standa	rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmis	ssion serv	ice that cable	
	systems most commonly provide	•		•					
	that applies to your system. Not			-		-			
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted of					a in the count ur	ider Serv	ice to the	
	Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example,								
	with the number of subscribers a sufficient.	and rates, in the	e right-	hand block. A tv	vo- or thre	e-word descript	ion of the	service is	
		OCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	SOBOCIVIDE			0,711		WICE	GODOCIVIDEI (G	
	Service to first set		718	\$25/mo					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3	\$59.04/mo					
	Converter								
	Residential		718	\$6/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
F	In General: Space F calls for ra	te (not subscrit	per) inf	ormation with re	spect to a	• •			
F	not covered in space E, that is,					-	-		
Services	service for a single fee. There a furnished at cost or (2) services	•			•		• •	,	
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								
Rutes	listed in block 1 and for which a				0	•	•		
	brief (two- or three-word) descrip	otion and includ	le the r	ate for each.					
		BLO	CK 1					BLOCK 2	
		RATE	CATE	GORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
	CATEGORY OF SERVICE	NATE	Install	ation: Non-res	idential				
	Continuing Services:								
	Continuing Services: • Pay cable	\$8.00-\$15.00	• Mo	otel, hotel					
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Mo • Co	otel, hotel ommercial		\$0 - \$50.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mo • Co • Pa	otel, hotel ommercial y cable		\$0 - \$50.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		• Mo • Co • Pa • Pa	otel, hotel mmercial y cable y cable-add'l ch	annel	\$0 - \$50.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	\$8.00-\$15.00	• Mo • Co • Pa • Pa • Fir	otel, hotel ommercial y cable y cable-add'l ch e protection	annel	\$0 - \$50.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	\$8.00-\$15.00 \$0-\$50.00	• Mo • Co • Pa • Pa • Fir • Bu	otel, hotel ommercial y cable y cable-add'l ch e protection rglar protection	annel	\$0 - \$50.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	\$8.00-\$15.00 \$0-\$50.00	• Mo • Co • Pa • Pa • Fir • Bu Other	otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	annel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	\$8.00-\$15.00 \$0-\$50.00	• Mo • Co • Pa • Pa • Fir • Bu Other • Re	otel, hotel ommercial y cable y cable-add'l ch e protection rglar protection	annel	\$0 - \$50.00 \$0-\$25.00			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	\$8.00-\$15.00 \$0-\$50.00	• Ma • Cc • Pa • Pa • Fir • Bu Other • Re • Dis	otel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	annel				

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE					
Name	TDS Metrocom, LLC			6					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	-	entify every television station (including tra em during the accounting period, <i>except</i> (1	-						
-	FCC rules and regulations	in effect on June 24, 1981, permitting the	carriage of certain network progra	ams [sections					
Primary Insmitters:		(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	ostitute program					
	basis under specific FCC rules, regulations, or authorizations: • 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 only on List the station here, and 	n a substitute basis. also in space I, if the station was carried b	both on a substitute basis and also	o on some other					
	basis. For further information	on concerning substitute basis stations, se	ee page (v) of the general instructi	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 Column 2: Give the chann	the form. nel number the FCC assigned to the televis	sion station for broadcasting over	the air in its community					
	of license. For example, W	VRC is channel 4 in Washington, D.C.	Ŭ						
		h case whether the station is a network sta ering the letter "N" (for network), "N-M" (for	· · ·						
	· · · · ·), "E" (for noncommercial educational), or " erms, see page (iv) of the general instructi		onal multicast).					
	Column 4: Give the location	on of each station. For U.S. stations, list th	he community to which the station	2					
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	community with which the station	is identified.					
	1. CALL SIGN			4. LOCATION OF STATION					
	WKOW	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	Madison, WI					
	WKOW-DT2	27.2	N-M	Madison, WI					
ows as Necessary	WKOW-DT3	27.3	N-M	Madison, WI					
	WKOW-DT4	27.4	N-M	Madison, WI					
	WKOW-DT5	27.5	N-M	Madison, WI					
	WISC	3.1	Ν	Madison, WI					
	WISC-DT2	3.2	N-M	Madison, WI					
	WISC-DT3	3.3	N-M	Madison, WI					
				······································					
	WMSN	47.1	Ν	Madison. WI					
				Madison, WI Madison, WI					
	WMSN-DT2	47.2	N-M	Madison, WI					
	WMSN-DT2 WMSN-DT3	47.2 47.3	N-M N-M	Madison, WI Madison, WI					
	WMSN-DT2 WMSN-DT3 WMSN-DT4	47.2 47.3 47.4	N-M N-M N-M	Madison, WI Madison, WI Madison, WI					
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV	47.2 47.3 47.4 15.1	N-M N-M N-M N	Madison, WI Madison, WI Madison, WI Madison, WI					
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2	47.2 47.3 47.4 15.1 15.2	N-M N-M N-M N N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI					
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3	47.2 47.3 47.4 15.1 15.2 15.3	N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI					
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4	47.2 47.3 47.4 15.1 15.2 15.3 15.4	N-M N-M N-M N N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI					
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5	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	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI					
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6	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	Madison, WI					
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV-DT2 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA	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 E	Madison, WI					
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV-DT2 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA WHA-DT2	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 E E	Madison, WI					
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV-DT2 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA WHA-DT2 WHA-DT3	47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5 15.6 21.1 21.2 21.3	N-M N-M N-M N-M N-M N-M N-M N-M E E-M E-M	Madison, WI Madison, WI					
	WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV-DT2 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA WHA-DT2	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 E E	Madison, WI					

unting Period:	2021/02			FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	TDS Metrocom, LLC			637				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable systen	n during the accounting period, except	translator stations and low power televi (1) stations carried only on a part-time	e basis under				
	0		ne carriage of certain network programs	-				
Primary ransmitters:			1(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							
		lles, regulations, or authorizations:						
			ne Special Statement and Program Log	g)—if the				
	station was carried only on		d both on a substitute basis and also or	n como othor				
	basis. For further informatio	n concerning substitute basis stations,	see page (v) of the general instructions program services such as HBO, ESPN,	IS.				
	multicast stream associated	with a station according to its over-the	e-air designation. For example, report r	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				
			station, an independent station, or a no	oncommercial				
			, I , ,					
	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 educationa	al multicast).				
	For the meaning of these te	rms, see page (iv) of the general instru	ictions in the paper SA1-2 form.	,				
	For the meaning of these te Column 4: Give the location	rms, see page (iv) of the general instru n of each station. For U.S. stations, list	i i	licensed by the				
	For the meaning of these te Column 4: Give the location	rms, see page (iv) of the general instru n of each station. For U.S. stations, list	ictions in the paper SA1-2 form. the community to which the station is I	licensed by the				
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	rms, 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	actions in the paper SA1-2 form. The community to which the station is I are community with which the station is i	licensed by the identified.				
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	rms, 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	actions in the paper SA1-2 form. The community to which the station is I are community with which the station is i	licensed by the identified.				
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	rms, 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	actions in the paper SA1-2 form. The community to which the station is I are community with which the station is i	licensed by the identified.				
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	rms, 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	actions in the paper SA1-2 form. The community to which the station is I are community with which the station is i	licensed by the identified.				
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	rms, 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	actions in the paper SA1-2 form. The community to which the station is I are community with which the station is i	licensed by the identified.				
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	rms, 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	actions in the paper SA1-2 form. The community to which the station is I are community with which the station is i	licensed by the identified.				
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	rms, 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	actions in the paper SA1-2 form. The community to which the station is I are community with which the station is i	licensed by the identified.				
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	rms, 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	actions in the paper SA1-2 form. The community to which the station is I are community with which the station is i	licensed by the identified.				
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	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	rms, 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	actions in the paper SA1-2 form. The community to which the station is I are community with which the station is i	licensed by the identified.				
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	rms, 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	actions in the paper SA1-2 form. The community to which the station is I are community with which the station is i	licensed by the identified.				
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	rms, 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	actions in the paper SA1-2 form. The community to which the station is I are community with which the station is i	licensed by the identified.				
	For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	rms, 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	actions in the paper SA1-2 form. The community to which the station is I are community with which the station is i	licensed by the identified.				

LEGAL NAME OF		JABLE S'	YSTEM:					SYSTEM 63
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing vive the statior	y the sys be recein t the Co sign of e he static ion's sign a check h's locatio	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. In is AM or FM. hal was electronically processes a 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 his 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 neral 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	
		3,0	LOOKTION OF STATION	UNEL OIGIN		5/0	LOCATION OF STATION	
N/A								

Accounting Perio	od: 2021/02					FORM	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER O	F CABLE SYS	TEM:				SYSTEM ID#
INAITIE	TDS Metrocom, LLC						63796
I	In General: In space I, ider	ntify every nor	nnetwork televis	T AND PROGRAM LOG			
Substitute				this log, see page (v) of the			
Carriage:	1. SPECIAL STATEMEN	IT CONCER	NING SUBST	ITUTE CARRIAGE			
Special Statement and	• During the accounting p	eriod, did you	ır cable system	carry, on a substitute basi	is, any nonnetv	work tele <u>vision</u> 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	st complete the progra	
	log in block 2.						
	2. LOG OF SUBSTITUT		-				
				te line. Use abbreviations	wherever poss	sible, if their meaning is	S
	clear. If you need more sp Column 1: Give the titl			rows to the tables. ision program ("substitute	program") that	during the accounting	a a a a a a a a a a a a a a a a a a a
	period, was broadcast by	a distant stat	ion and that yo	our cable system substitute	d for the progra	amming of another sta	ation
				s. See page (v) of the generation			
	"NBA Basketball: 76ers v		vies" or "baske	etball." List specific program	n titles, for exa	mple, "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		end 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		s substituto pro	gram was carried by your	cable system	List the times accurate	
			•	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	• •					
		SUBSTITUT	E PROGRAM			N SUBSTITUTE	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
	NI/A	163 01 110	CALL SIGN	4. STATION'S LOCATION			
	N/A		+			—	
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Accounting Period:	: 2021/02 FORM SA1-2	2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS TDS Metrocom, LLC	TEM ID# 63796
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.	1 37.58 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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 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	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K \$ 186,837.58	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 186,837.58	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	49.38
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	49.38
	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) \$ 549.38	
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 \$ 5	69.38
	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# 63796
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 Finance@tdstelecom.com Fax (optional	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 	
	 in line 1 of space B and that the owner is not a corporation or partnership; or 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. 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. [18 U.S.C., Section 1001(1986)] 	
	X /s/ Sharon V. Tisdale Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed 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	
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.	Q
You must complete this worksheet for those royalty payments submitted as a result of a 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	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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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	

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.