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))
		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)
	INCT	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		is 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: Sactio	in 111 of title 17 of the United States Code authorizes the Convright Offee 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	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SYSTEM ID# 63819
D	Instructions: List each separate community served by the cable system. A "o separate and distinct community or municipal entity (including unincorpora unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I community." Please use it as the first community on all future filings.	community" is the same as a "community unit" as defined in FCC rules: "a 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	Note: Entities and properties such as hotels, apartments, condominiums, or city.	mobile home parks should be reported in parentheses below the identified
First	CITY OR TOWN Stevens Point	STATE WI
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM II
Name	TDS Metrocom, LLC								638′
_	SECONDARY TRANSMISSION	I SERVICE: SU	IBSCR	IBERS AND RA	TES				
Е	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmissi								
Secondary Transmission	about other services (including particular about other services (including particular about the services (including par	, , ,	,		,		those exis	sting on the	
Service: Sub-	Number of Subscribers: Both						ble systen	n, broken	
scribers and	down by categories of secondar	y transmission	service	e. In general, yo	u can com	pute the numbe	er of subso	cribers in	
Rates	each category by counting the n		-	•••				s charged	
	separately for the particular server Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed	-						-	
	category, but do not include disc	· ·		,	.,			F	
	Block 1: In the left-hand block	•		•					
	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							6 11	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.		og			o			
	BL	OCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:				0, 11			000001.0021.00	
	Service to first set		823	\$25/mo					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		16	\$59.04/mo					
	Converter								
	Residential		823	\$6/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	}				
-	In General: Space F calls for ra					ll your cable sys	stem's ser	vices that were	
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 ur								
Secondary	enter only the letters "PP" in the	rate column.				-		-	
ransmissions:	Block 1: Give the standard ra								
Rates	Block 2: List any services tha listed in block 1 and for which a				0	•	•		
	brief (two- or three-word) descrip				neu. List				
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			ation: Non-resi					
	• Pay cable	\$8.00-\$15.00	• Mo	otel, hotel					
	• Pay cable—add'l channel		۰Co	ommercial		\$0 - \$50.00			
	Fire protection		۰Pa	y cable					
	•Burglar protection		• Pa	iy cable-add'l ch	annel				
	Installation: Residential		• Fir	e protection					
	First set	\$0-\$50.00	• Bu	rglar protection					
	 Additional set(s) 	\$0-\$50.00	Other	services:					
			• Po			\$0-\$25.00			
	• FM radio (if separate rate)		• 1.6	econnect		φ0-φ23.00			
	FM radio (if separate rate)Converter		• Dis	sconnect		φ 0- φ23.00			
	· · · /		• Dis			19.98-39.96			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	TDS Metrocom, LLC			63
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations	entify every television station (including tra em during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the (2)(2) and (4) or 26 62 (reforming to 76 64)	 stations carried only on a part-til carriage of certain network progra 	me basis under ams [sections
Primary ansmitters: elevision	substitute program basis, a Substitute Basis Stations	(e)(2) and (4), or 76.63 (referring to 76.61(as explained in the next paragraph. s: With respect to any distant stations carr rules, regulations, or authorizations:		
	• Do <i>not</i> list the station her station was carried <i>only</i> on	re in space G—but do list it in space I (the		
	basis. For further information Column 1: List each station multicast stream associated	on concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	ee page (v) of the general instructi ogram services such as HBO, ESP	ions. PN, etc. Identify each
	of license. For example, W	nel number the FCC assigned to the televis VRC is channel 4 in Washington, D.C.	C C	·
		h case whether the station is a network sta ering the letter "N" (for network), "N-M" (fo	, , ,	
	(for independent multicast) For the meaning of these te Column 4: Give the location), "E" (for noncommercial educational), or ' erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the	"E-M" (for noncommercial educations in the paper SA1-2 form. The community to which the station	ional multicast). is licensed by the
	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
Rows as Necessary	WAOW-DT2 WAOW-DT3	9.2	N-M N-M	Wausau, WI Wausau, WI
ows as Necessary				
ows as Necessary	WAOW-DT3	9.3	N-M	Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4	9.3 9.4	N-M N-M	Wausau, WI Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5	9.3 9.4 9.5	N-M N-M N-M	Wausau, WI Wausau, WI Wausau, WI
lows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM	9.3 9.4 9.5 20.1	N-M N-M N-M E	Wausau, WI Wausau, WI Wausau, WI Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2	9.3 9.4 9.5 20.1 20.2	N-M N-M N-M E E-M	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Wausau, WI Wausau, WI
lows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3	9.3 9.4 9.5 20.1 20.2 20.3	N-M N-M E E-M E-M	Wausau, WI
lows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4	9.3 9.4 9.5 20.1 20.2 20.3 20.4	N-M N-M N-M E E-M E-M E-M	Wausau, WI
lows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW	9.3 9.4 9.5 20.1 20.2 20.3 20.4 7.1	N-M N-M E E-M E-M E-M N	Wausau, WI
lows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2	9.3 9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2	N-M N-M N-M E E-M E-M E-M N N-M	Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3	9.3 9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3	N-M N-M N-M E E-M E-M E-M N N-M N-M	Wausau, WI
lows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4	9.3 9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4	N-M N-M N-M E E-M E-M E-M N N-M N-M N-M	Wausau, WI
tows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT4	9.3 9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4 7.5	N-M N-M N-M E E-M E-M E-M N N-M N-M N-M N-M N-M	Wausau, WI
tows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 WSAW-DT5 WSAW-DT6	9.3 9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4 7.5 7.6	N-M N-M N-M E E-M E-M E-M N N-M N-M N-M N-M N-M	Wausau, WI
tows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW-DT4 WSAW-DT2 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT6 WTPX	9.3 9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4 7.5 7.6 46.1	N-M N-M N-M E E-M E-M E-M N N-M N-M N-M N-M N-M N-M I	Wausau, WI Wausau, WI
Rows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 WSAW-DT3 WSAW-DT5 WSAW-DT6 WTPX WJFW	9.3 9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4 7.5 7.6 46.1 12.1	N-M N-M N-M E-M E-M E-M N N-M N-M	Wausau, WI Rhinelander, WI
tows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT2 WSAW-DT4 WSAW-DT5 WSAW-DT5 WSAW-DT6 WTPX WJFW WJFW-DT2	9.3 9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4 7.5 7.6 46.1 12.1 12.2	N-M N-M N-M E E-M E-M N N N-M	Wausau, WI Rhinelander, WI Rhinelander, WI
Rows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT2 WSAW-DT4 WSAW-DT5 WSAW-DT5 WSAW-DT6 WTPX WJFW WJFW-DT2	9.3 9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4 7.5 7.6 46.1 12.1 12.2	N-M N-M N-M E E-M E-M N N N-M	Wausau, WI Rhinelander, WI Rhinelander, WI
tows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT2 WSAW-DT4 WSAW-DT5 WSAW-DT5 WSAW-DT6 WTPX WJFW WJFW-DT2	9.3 9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4 7.5 7.6 46.1 12.1 12.2	N-M N-M N-M E E-M E-M N N N-M	Wausau, WI Rhinelander, WI Rhinelander, WI

unting Period:	2021/02								
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM					
Name	TDS Metrocom, LLC			638					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable system	n during the accounting period, except	translator stations and low power televi (1) stations carried only on a part-time	e basis under					
During out i	3		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								
	• Do not list the station here		ne Special Statement and Program Log	g)—if the					
	station was carried only on								
	basis. For further informatio	n concerning substitute basis stations,	d both on a substitute basis and also or see page (v) of the general instruction program services such as HBO, ESPN,	IS.					
		with a station according to its over-the	e-air designation. For example, report r	•					
			evision station for broadcasting over the	e air in its community					
		RC is channel 4 in Washington, D.C.	-	-					
			station, an independent station, or a no						
	educational station, by enter	rina the letter "N" (for network). "N-M" ((for network multicast), "I" (for independ	··					
	(for independent multicest)	6	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.						
		"E" (for noncommercial educational), o	i i	al multicast).					
	For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), or 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	"E" (for noncommercial educational), or 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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 Canad	"E" (for noncommercial educational), o 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	ISIEM:					SYSTEM I 638
	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 i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate i Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing sive the statior	the sys be recei 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. nal was electronically processe 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	idend, and (2) nna, during ce e (v) of the ge vstem as a sep ed by the FCC	it can b rtain sta eneral in: parate a	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	
N/A		2,2				2,2		

Accounting Perio	od: 2021/02					FOR	M SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER O	F CABLE SYST	TEM:				SYSTEM ID#
Name	TDS Metrocom, LLC						63819
I	In General: In space I, ider substitute basis during the	ntify <i>every nor</i> accounting pe	nnetwork televis eriod, under spe	T AND PROGRAM LOG ion program, broadcast by a cific present and former FC	C rules, regul	ations, or authorizations	For a further
Substitute	explanation of the program	ming that mus	t be included in	this log, see page (v) of the	e general instr	ructions in the paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN	IT CONCER	NING SUBST	ITUTE CARRIAGE			
Statement and	 During the accounting period 	eriod, did you	r cable system	carry, on a substitute basi	is, any nonne	twork television progra	
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 m	ust complete the progra	am
	log in block 2.						
	2. LOG OF SUBSTITUT		-				
	In General: List each sub clear. If you need more sp			te line. Use abbreviations	wherever pos	ssible, if their meaning i	S
				ision program ("substitute	program") the	at. during the accountin	a
	period, was broadcast by	a distant stat	ion and that yo	our cable system substitute	d for the prog	gramming of another sta	ation
				s. See page (v) of the gene			
	"NBA Basketball: 76ers vs		vies" or "baske	etball." List specific program	n titles, for ex	ample, "I Love Lucy" of	-
			dcast live, ente	r "Yes." Otherwise enter "N	lo."		
				asting the substitute progra			
			· ·	ne community to which the community with which the			
				tem carried the substitute			onth
	first. Example: for May 7 g	•	, , ,		1 5 -	,	
			•	gram was carried by your			ely
			a program carri	ed by a system from 6:01:	15 p.m. to 6:	28:30 p.m. should be	
	stated as "6:00–6:30 p.m. Column 7: Enter the le		listed program	was substituted for progra	amming that v	our system was <i>require</i>	ed
				iring the accounting period			
		• •	our system wa	as permitted to delete unde	er FCC rules a	and regulations in	
	effect on October 19, 197	6.					
					WHE	N SUBSTITUTE	
		SUBSTITUT	E PROGRAM		CARR	AGE 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					_	
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Accounting Period:	2021/02 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID TDS Metrocom, LLC 6381
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.
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
	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 \$ 157,026.22
	3. Subtract line 2 from line 1 \$ 106,773.78 4. Enter the amount of gross receipts from space K \$ 157,026.22
	5. Enter the amount from line 3 \$ 106,773.78 6. Subtract line 5 from line 4 \$ 50,252.44
	7. Multiply line 6 by .005 (enter figure here)
	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 \$ 251.26
	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) 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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 251.26 2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 271.26
	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# 63819
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. 	19
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	153
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 I (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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)] 	B; or system as identified ner of the cable system
	X /s/ Sharon V. Tisdale Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Sharon V. Tisdale	-
	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 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
S Metrocom, LLC	63819
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	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form. 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 Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessment
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
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
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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.