This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Syste	ems (Short Form)		\$	For additional information,
General instru	uctions are located		ې ب	contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook	0/10/0000	ALLOCATION NUMBER	Tel: (202) 707-8150
		2/18/2022		
Α	ACCOUNTING PERIOD COVERED	RY THIS STATEMENT: (Y)	YYY/(Period))	
	2024/02	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2021/02	,,,	· · · · · · · · · · · · · · · · · · ·	
		Paraoda Data Filing Pariod (antions		
	20212	Barcode Data Filing Period (optiona	- see instructions)	
Accounting Period				
	Instructions:	a selela su dana 16 de su su su ta su da t	dia a familia di anti a di a fallo anti	
В	Give the full legal name of the owner of the the subsidiary, not that of the parent corp		diary of another corporation, give the full corp	orate title of
Owner	List any other name or names under which	h the owner conducts the business of th	ne cable system.	
			he last day of the accounting period should su	bmit a single
	statement of account and royalty fee payr			63846
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	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 n	umber)		
	Madison, WI 53717 (City, town, state, zip)			
•	INSTRUCTIONS: In line 1, give any busin	ness or trade names used to ider	ntify the business and operation of the	system unless these
С	names already appear in space B. In line	2, give the mailing address of th	e system, if different from the address	given in space B.
System	1 1 TDS Telecom, Inc.			
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 (Number, street, rural route, apartment, or suite r	umber)		
	(City, town, state, zip code)			

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:	SYSTEM ID# 63846
D	separate and distinct community or municipal entity (including unincorpor 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.	"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
Area Served	city.	r mobile home parks should be reported in parentheses below the identified
First	CITY OR TOWN	STATE WI
First Community	Wallsau	W
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1-	TEM ID
Name	TDS Metrocom, LLC								6384
_	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	ting on the	
Service: Sub-	Number of Subscribers: Bot						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			0,0				s charged	
	separately for the particular serventian Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	-	-					-	
	category, but do not include disc	counts allowed	for adv	ance payment.					
	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					I in the count ur	ider "Serv	ice to the	
	first set" and would be counted of					ann ian that an	different	fuene these	
	Block 2: If your cable system printed in block 1 (for example, the system)	-		•					
	with the number of subscribers a					,		, 0	
	sufficient.					-			
	BL	OCK 1 NO. OF					BLOC	K2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 	2	2,048	\$25/mo					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		25	\$59.04/mo					
	Converter								
	Residential		2,048	\$6/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	;				
F	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	•			•		0 (,	
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the		-	-		-		-	
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha								
Rates	listed in block 1 and for which a				•	•			
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-resi	dential				
	• Pay cable	\$8.00-\$15.00	• Mo	otel, hotel					
	 Pay cable—add'l channel 		• Co	mmercial		\$0 - \$50.00			
	Fire protection		•Pa	y cable					
	 Burglar protection 			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			sconnect					
				itlet relocation		19.98-39.96			

Nome	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	TDS Metrocom, LLC			63
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	entify every television station (including tra em during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the	1) stations carried only on a part-ti	ime basis under
Primary	76.59(d)(2) and (4), 76.61((e)(2) and (4), or 76.63 (referring to 76.61(•
ansmitters: Television		as explained in the next paragraph. s: With respect to any distant stations carr	ried by your cable system on a sul	bstitute program
		rules, regulations, or authorizations: re in space G—but do list it in space I (the	Crossiel Statement and Program	1-~1 if the
	station was carried only on	n a substitute basis.		
		also in space I, if the station was carried b on concerning substitute basis stations, se		
	Column 1: List each station	on's call sign. <i>Do not</i> report origination pro	ogram services such as HBO, ESF	PN, etc. Identify each
	"WETA-2" as the same on		.	
	Column 2: Give the channe	nel number the FCC assigned to the televis VRC is channel 4 in Washington, D.C.	sion station for broadcasting over	the air in its community
	Column 3: Indicate in each	h case whether the station is a network sta		
	-	ering the letter "N" (for network), "N-M" (fo), "E" (for noncommercial educational), or	, , ,	,
	For the meaning of these te	erms, see page (iv) of the general instruct	tions in the paper SA1-2 form.	,
		on of each station. For U.S. stations, list th adian stations, if any, give the name of the	,	,
			-	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAOW	9.1	N	Wausau, WI
	WAOW-DT2	9.2	N-M	Wausau, WI
Rows as Necessary	WAOW-DT3	9.3	N-M	Wausau, WI
Rows as Necessary	WAOW-DT3 WAOW-DT4	9.3 9.4	N-M N-M	Wausau, WI Wausau, WI
Rows as Necessary				· · ·
Rows as Necessary	WAOW-DT4	9.4	N-M	Wausau, WI
Rows as Necessary	WAOW-DT4 WAOW-DT5	9.4 9.5	N-M N-M	Wausau, WI Wausau, WI
Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM	9.4 9.5 20.1	N-M N-M E	Wausau, WI Wausau, WI Wausau, WI
Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2	9.4 9.5 20.1 20.2	N-M N-M E E-M	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Wausau, WI
Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3	9.4 9.5 20.1 20.2 20.3	N-M N-M E E-M E-M	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Wausau, WI Wausau, WI
Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4	9.4 9.5 20.1 20.2 20.3 20.4	N-M N-M E E-M E-M E-M	Wausau, WI
Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW	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
Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2	9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2	N-M N-M E E-M E-M E-M N N-M	Wausau, WI
Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3	9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3	N-M N-M E E-M E-M E-M N N-M N-M	Wausau, WI
Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4	9.4 9.5 20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4	N-M N-M E E-M E-M E-M N N-M N-M N-M	Wausau, WI
Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5	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 E E-M E-M E-M N N-M N-M N-M N-M	Wausau, WI
Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT6	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 E E-M E-M E-M N N-M N-M N-M N-M	Wausau, WI
Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT6 WTPX	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 E E-M E-M E-M N N-M N-M N-M N-M N-M N-M	Wausau, WI Wausau, WI
Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT6 WTPX WJFW	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 E E-M E-M E-M N N-M N-M N-M N-M N-M I N-M	Wausau, WI Rhinelander, WI
Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT6 WTPX WJFW WJFW-DT2	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 E E-M E-M E-M N N-M N-M N-M N-M N-M I N-M	Wausau, WI Rhinelander, WI Rhinelander, WI
Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT6 WTPX WJFW WJFW-DT2	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 E E-M E-M E-M N N-M N-M N-M N-M N-M I N-M	Wausau, WI Rhinelander, WI Rhinelander, WI
Rows as Necessary	WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT6 WTPX WJFW WJFW-DT2	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 E E-M E-M E-M N N-M N-M N-M N-M N-M I N-M	Wausau, WI Rhinelander, WI Rhinelander, WI

unting Period:	2021/02			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	⁻ CABLE SYSTEM:		SYSTEM
Name	TDS Metrocom, LLC			638
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	ntify every television station (including n during the accounting period, <i>except</i>	(1) stations carried only on a part-time	e basis under
Primary ransmitters:	76.59(d)(2) and (4), 76.61(e	n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.		•
Television	Substitute Basis Stations	: With respect to any distant stations ca les, regulations, or authorizations:	arried by your cable system on a substi	itute program
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (th a substitute basis.	ne Special Statement and Program Log	g)—if the
	basis. For further information	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p	see page (v) of the general instruction	ns.
	multicast stream associated "WETA-2" as the same on t	d with a station according to its over-the the form.	e-air designation. For example, report	multistream
	of license. For example, W	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network s	-	-
			for network multicast), "I" (for independent	
	oudoudonal oladion, by onto	(ing all local it (ioi liotholic), it in (,
	(for independent multicast),	"E" (for noncommercial educational), c		al multicast).
	(for independent multicast), For the meaning of these te Column 4: Give the location	o	ictions in the paper SA1-2 form. the community to which the station is I	licensed by the
	(for independent multicast), For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), c 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 independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c 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	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c 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	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c 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	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c 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	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c 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	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c 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	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c 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	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c 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	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c 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	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c 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	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c 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	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is	licensed by the identified.
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	"E" (for noncommercial educational), c 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	actions in the paper SA1-2 form. the community to which the station is I ne community with which the station is	licensed by the identified.

	LEGAL NAME OF		-						SYSTEM I 638
Transmitte receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. Daper SA1-2 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION	n General: List	every radio s	tation ca					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 to the radio stati this by placing ive the station	the sys be recei the Co sign of e he static ion's sign a check n's locati	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 processes (mark in the "S/D" column. on (the community to which the	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 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
	CALI SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			3/0	LOCATION OF STATION	GALL SIGN		3/0	LOCATION OF STATION	
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Accounting Perio	od: 2021/02					FOR	M SA1-2E. PAGE 5.
Nerre	LEGAL NAME OF OWNER O	F CABLE SYS	TEM:				SYSTEM ID#
Name	TDS Metrocom, LLC						63846
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 ecific 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	m
Program Log	broadcast by a distant st	ation?				YES	XNO
	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		-				
				te line. Use abbreviations	wherever pos	ssible, if their meaning i	s
	clear. If you need more sp Column 1: Give the title			rows to the tables. ision program ("substitute	program") the	at during the accountin	a
				our cable system substitute			
				s. See page (v) of the gene			
	Do not use general catego "NBA Basketball: 76ers v		vies" or "baske	etball." List specific progran	n titles, for ex	ample, "I Love Lucy" or	-
			dcast live, ente	r "Yes." Otherwise enter "N	lo."		
	Column 3: Give the ca	Il sign of the s	station broadca	asting the substitute progra	ım.		
			· ·	ne community to which the community with which the			
				tem carried the substitute			onth
	first. Example: for May 7 g	•	inten jear eje		program oo		
			•	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 y	our system was require	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					_	
			<u>+</u>				
			+				·
						_	
						_	
							·
			+				·
			<u> </u>				
						_	
			+				·
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						—	
						_	
							+
						_	
		+	+				.4

Accounting Period:	2021/02	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	S	63846
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	nission service Imount, see	2,193.28
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 \$ • 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	263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t 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	his six-month	0.00
	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 \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	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		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1 \$ 88,393.28 4. Multiply line 3 by .01 \$	883.93	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$	2,202.93
	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)	2,202.93	
	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	\$	2,222.93
	EFT Trace # or TRANSACTION ID #	of Converse	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2021/02	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SYSTEM ID# 63846
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 <u>Finance@tdstelecom.com</u> Fax (optional	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• 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;	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy	stem as identified
	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	er of the cable system
	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	
	1	

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	6384
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the 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
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
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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.