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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ems (Short Form)	2/18/2022	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
in the tirst tad	of this workbook	2/16/2022	ALLOCATION NUMBER	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(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 th the subsidiary, not that of the parent corpo		iary of another corporation, give the full corp	orate title of
Owner	List any other name or names under which	the owner conducts the business of the	e cable system.	
	If there were different owners during the a statement of account and royalty fee payn		e last day of the accounting period should sub od.	- -
	Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	63876
	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)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line 3		,	5
System	IDENTIFICATION OF CABLE SYSTEM:			given in space D.
	1 TDS Telecom, Inc.			
	MAILING ADDRESS OF CABLE SYSTEM	:		
	2 (Number, street, rural route, apartment, or suite n	umber)		
	(City, town, state, zip code)			
L				

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
Name	TDS Metrocom, LLC	63
D	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future films.	d communities within unincorporated areas and including single, disc will serve as a form of system identification hereafter known as the '
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m city.	lobile home parks should be reported in parentheses below the ident
	CITY OR TOWN	STATE
First	Cranmoor	WI
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM I
Name	TDS Metrocom, LLC	ADLE STOTEM.						010	638
Е	SECONDARY TRANSMISSION In General: The information in s					, transmission	oonvige of	the eable	
-	system, that is, the retransmissi	•		-		•			
Secondary	about other services (including					•			
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot						,	,	
scribers and Rates	down by categories of secondar each category by counting the n			•		•			
	separately for the particular serv	vice at the rate	indicate	ed—not the nur	nber of set	ts receiving serv	/ice).	Ū	
	Rate: Give the standard rate of	-						-	
	unit in which it is generally billed category, but do not include disc	· ·		,	iny standa	rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block				ries of sec	condary transmis	ssion serv	ce that cable	
	systems most commonly provide	e to their subso	cribers.	Give the numb	er of subse	cribers and rate	for each li	sted category	
	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 Servi	ce to the	
	Block 2: If your cable system					service that are	e different	from those	
	printed in block 1 (for example,					,		, 0	
	with the number of subscribers a	and rates, in th	e right-l	hand block. A t	wo- or thre	e-word descript	ion of the	service is	
	sufficient.	OCK 1					BLOC	< 2	
		NO. OF		B 4 7 5				NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RA
	Service to first set		9	\$25/mo					
	Service to additional set(s)		3	<i>\$</i> 23/110					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		9	\$6/Mo.					
	Non-residential								
					-				
	SERVICES OTHER THAN SEC In General: Space F calls for ra					ll vour cable sve	stem's ser	vices that were	
F	not covered in space E, that is,		,		-				
	service for a single fee. There a		,		0		0 (/	
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the un enter only the letters "PP" in the		usualiy	onied. If any fa	ales are cr	larged on a vari	able per-p	rogram basis,	
ransmissions:			the cab	e system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that				0	•	•		
	listed in block 1 and for which a				ished. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	blion and includ	le the f	ate for each.					
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEC	BLOCK 2 ORY OF SERVICE	RA
	Continuing Services:	NATE		ation: Non-res		RAIE	CATEG	ORT OF SERVICE	rvA
	Pay cable	\$8.00-\$15.00		otel, hotel	lacintiai				
	Pay cable—add'l channel			mmercial		\$0 - \$50.00			
	Fire protection			y cable					
	· ·			y cable-add'l cl	nannel				
	 Burglar protection 	L		e protection					
	•Burglar protection Installation: Residential			e preteenen		1	1		
	e .	\$0-\$50.00		rglar protection					
	Installation: Residential	\$0-\$50.00 \$0-\$50.00	• Bu	•					
	Installation: Residential • First set		• Bu Other	rglar protection		\$0-\$25.00			
	Installation: Residential • First set • Additional set(s)		• Bu Other • Re	rglar protection services:		\$0-\$25.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bu Other • Re • Dis	rglar protection services: connect		\$0-\$25.00 19.98-39.96			

N	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	TDS Metrocom, LLC			63
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable system FCC rules and regulations	lentify every television station (including tra em during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61(stations carried only on a part-til carriage of certain network progra 	me basis under ams [sections
ansmitters: elevision	substitute program basis, a Substitute Basis Stations basis under specific FCC re	as explained in the next paragraph. s: With respect to any distant stations carr rules, regulations, or authorizations:	ried by your cable system on a sub	bstitute program
	station was carried <i>only</i> onList the station here, and a	also in space I, if the station was carried b	ooth on a substitute basis and also	o on some other
	Column 1: List each statio multicast stream associated	ion 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	ogram services such as HBO, ESP	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), "Ē" (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
ows as Necessary	WAOW-DT2 WAOW-DT3	9.2 9.3	N-M	
ows as Necessary				Wausau, WI
ows as Necessary	WAOW-DT3	9.3	N-M	Wausau, WI Wausau, WI
ows as Necessary	WAOW-DT3 WAOW-DT4	9.3 9.4	N-M N-M	Wausau, WI 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 Wausau, WI
ows 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 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
ows 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
ows 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
ows 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
ows 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
ows 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
ows 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
ows 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
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW-DT2 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
ows 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 E-M E-M E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	Wausau, WI Rhinelander, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 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 46.1 12.1 12.2	N-M N-M N-M E E-M E-M N N N-M N-M	Wausau, WI Rhinelander, WI Rhinelander, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 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 46.1 12.1 12.2	N-M N-M N-M E E-M E-M N N N-M N-M	Wausau, WI Rhinelander, WI Rhinelander, WI
ows as Necessary	WAOW-DT3 WAOW-DT4 WAOW-DT5 WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 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 46.1 12.1 12.2	N-M N-M N-M E E-M E-M N N N-M N-M	Wausau, WI Rhinelander, WI Rhinelander, WI

ounting Period:	-			0)/0TF	
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE	
	TDS Metrocom, LLC			t i i i i i i i i i i i i i i i i i i i	6387
	PRIMARY TRANSMITTERS:	TELEVISION			
•	In General: In space G, iden	tify every television station (including	translator stations and low power telev	ision stations)	
G		, , ,	(1) stations carried only on a part-time	,	
	FCC rules and regulations in	effect on June 24, 1981, permitting th	he carriage of certain network programs	s [sections	
Primary	76.59(d)(2) and (4), 76.61(e)	(2) and (4), or 76.63 (referring to 76.6	61(e)(2) and (4))]; and (2) certain station	ns carried on a	
ransmitters:		explained in the next paragraph.			
Television			arried by your cable system on a substi	itute program	
		es, regulations, or authorizations:	he Special Statement and Program Loc	a) if the	
	station was carried only on a		ne opecial otatement and Program Log		
			d both on a substitute basis and also or	n some other	
		•	see page (v) of the general instruction		
			program services such as HBO, ESPN,		
	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 th				
		5	evision station for broadcasting over the	e air in its community	
		C is channel 4 in Washington, D.C.	station, an independent station, or a no	an a a mm a rai a l	
			(for network multicast), "I" (for independent		
		u			
	(for independent multicast) "	F" (for noncommercial educational) (or "E-M" (for noncommercial education:		
		E" (for noncommercial educational), or ms, see page (iv) of the general instru		ar municast).	
	For the meaning of these term Column 4: Give the location	ms, see page (iv) of the general instru of each station. For U.S. stations, list		licensed by the	
	For the meaning of these term Column 4: Give the location	ms, see page (iv) of the general instru of each station. For U.S. stations, list	uctions in the paper SA1-2 form. t the community to which the station is I	licensed by the	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	ms, see page (iv) of the general instru of each station. For U.S. stations, list an stations, if any, give the name of th	uctions in the paper SA1-2 form. t the community to which the station is I he community with which the station is	icensed by the identified.	

PRIMARY TRUNSINTEERS: RADIO In General: Last every made station carried on a separate and discrate basis and list have FM stations carried on a signalis were equivalely force rigitation that have fM stations carried on a separate and discrate basis and list have FM stations carried on a separate and discrate basis and list have FM stations carried on a separate and discrate basis and list have FM stations carried in a separate and discrate basis and list have FM stations carried in the setarion is observed at the system of M antenna, during ortan stated intervals: or detailed information on this point, see page (r) of the general instructions in the station is during the station is carried. Premary made states intervals: or detailed information on this point. Column 1: Given data basis and list have FM stations carried on the system of M antenna, during ortan stated intervals: or detailed information about the Corymith Offse regulations on this point. Column 1: Given data basis and list have FM station is carried on the system of M antenna, during ortan statem of the station is during the station is looned by the FCC or, in the case of the statem of looned and the statem is looned by the FCC or, in the case of the statem of looned and the statem is looned by the FCC or, in the case of the statem of looned and the statem is looned by the FCC or, in the case of the statem of looned and the statem is looned by the FCC or, in the case of the statem of looned and the statem is looned by the Corymit the statem of looned and the statem is looned by the FCC or, in the case of the case of the statem of looned and the statem is looned by the FCC or, in the case of the case of the statem of looned and the statem is looned by the fCC or many to the statem is looned by the fCC or many to the statem is looned by the statem of looned and the statem of looned by the fCC or many the statem of looned by the fCC or many t	LEGAL NAME OF		JABLE 3	ISTEM.					SYSTEM I 638
ecceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Transmitter on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. Transmitter For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. Radio Soper 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 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) ana, 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	Transmitters
	CALI SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			3/0	LOOKTION OF STATION	UALL SIGN		5/0	LOGATION OF STATION	
	N/A								
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Accounting Perio	od: 2021/02					FOR	M SA1-2E. PAGE 5.
Nerre	LEGAL NAME OF OWNER O	F CABLE SYST	TEM:				SYSTEM ID#
Name	TDS Metrocom, LLC						63876
I	In General: In space I, ider	ntify every nor	network televis	T AND PROGRAM LOG		· · ·	
Substitute				this log, see page (v) of the			
Carriage:	1. SPECIAL STATEMEN	IT CONCER	NING SUBST	TUTE CARRIAGE			
Special Statement and	 During the accounting period 	eriod, did you	r cable system	carry, on a substitute basi	is, any nonne	twork tele <u>visio</u> n progra	<u>m</u>
Program Log	broadcast by a distant st	ation?				YES	× NO
	Note: If your answer is "N	o". leave the	rest of this pac	e blank. If your answer is	"Yes." vou m	ust complete the progra	-
	log in block 2.	, iouro uio	i oot or this pag		, jeam	and complete the progre	
	2. LOG OF SUBSTITUT	E PROGRA	MS				
				te line. Use abbreviations	wherever pos	ssible, if their meaning i	S
	clear. If you need more sp				n na ana na ") thu	at during the approximitin	~
				ision program ("substitute ur cable system substitute			
	under certain FCC rules, r	regulations, o	r authorization	s. See page (v) of the gene	eral instructio	ns for further information	on.
	3 3		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I Love Lucy" or	-
	"NBA Basketball: 76ers ve Column 2: If the progra		dcast live, ente	r "Yes." Otherwise enter "N	lo."		
	Column 3: Give the ca	ll sign of the s	station broadca	sting the substitute progra	ım.		
			· ·	e community to which the			
				community with which the tem carried the substitute			onth
	first. Example: for May 7 g	•	when your byb		program. oot		
			•	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	is permitted to delete unde	er FCC rules a	and regulations in	
	effect on October 19, 197	6.					
					WHE	N SUBSTITUTE	
		SUBSTITUT	E PROGRAM	1	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>				·
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Accounting Period:	2021/02 FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY TDS Metrocom, LLC	STEM ID# 63876
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)	03070
	during the accounting period. \$ 1 IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 1	,091.15 ss 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	52.00
	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	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	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	
	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 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	67.00
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/02	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SYSTEM ID# 63876
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 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	19 153
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 Einance@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 cable s 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 own 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)] (IS.C., Section 1001(1986)] (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) 	ystem as identified
	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	6387
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.	- 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	
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 Assessmen
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
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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.