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

			Return completed workbook
STATEMENT OF ACCOUNT	FOR COPYRIGH	by email to:	
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form)			coplicsoa@copyright.gov
General instructions are located	08/19/22	\$	For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2022/01 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20221 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 sulte number)
		Madison, WI 53717 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	Number, street, rural route, apartment, or suite number)
		(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.

Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
Name								
D	TDS Metrocom, LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	nobile home parks should be reported in parentheses below the						
First	CITY OR TOWN Portage	STATE WI						
Community								
dd Rows as Necessary								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:							FORM SA1-	TEM II
Name	TDS Metrocom, LLC		•						6379
Ε	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable								
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information								
Secondary	about other services (including p	, , ,			,		those exis	sting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot	·				,	blo svetor	n broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				y stanua		is within a		
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion serv	ice that cable	
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca				•••	•	• •		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t					•	,	-	
	with the number of subscribers a sufficient.	and rates, in th	e ngm-n		J- OF UNE	e-word descrip		Service is	
		OCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:								
	Service to first set		69	\$25/mo					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3	\$64/mo					
	Converter								
	Residential		69	\$6/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC								
-	In General: Space F calls for ra					II your cable sy	stem's ser	vices that were	
F	not covered in space E, that is, t	those services	that are	not offered in co	ombinatio	on with any sec	ondary tra	nsmission	
Comilana	service for a single fee. There a		-				0 (,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		,	,,		g		,	
ransmissions:	Block 1: Give the standard ra			•					
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-	-		
	listed in block 1 and for which a separate charge was made or established. List these other services in the forr brief (two- or three-word) description and include the rate for each.								
	, , ,	•							
	CATEGORY OF SERVICE	BLO RATE	-	ORY OF SERV	ICE	RATE	CATEG	BLOCK 2	RA
	Continuing Services:			tion: Non-resid			0.1120	STATUS SERVICE	
	• Pay cable	\$8.00-\$15.00	• Mot	el, hotel					
			• Con	mercial		\$0 - \$50.00			
	Pay cable—add'l channel		• Pay	aabla					
			- ray	cable					
	• Pay cable—add'l channel		,	cable-add'l cha	nnel				
	Pay cable—add'l channel Fire protection		•Pay		nnel				
	 Pay cable—add'l channel Fire protection Burglar protection 	\$0-\$50.00	• Pay • Fire	cable-add'l cha	Innel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 	\$0-\$50.00 \$0-\$50.00	• Pay • Fire • Burg	cable-add'l cha protection glar protection	Innel				
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Pay • Fire • Burg Other s	cable-add'l cha protection glar protection	Innel	\$0-\$25.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Fire • Burg Other s • Rec	cable-add'l cha protection glar protection ervices:	nnel	\$0-\$25.00			
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Fire • Burg Other s • Rec • Disc	cable-add'l cha protection glar protection ervices: onnect	nnel	\$0-\$25.00 19.98-39.96			

Nome	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM					
Name	TDS Metrocom, LLC	,		63					
	PRIMARY TRANSMITTERS	PRIMARY TRANSMITTERS: TELEVISION							
G	-	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under							
-	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
Primary ansmitters:		l (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain st	tations carried on a					
elevision	Substitute Basis Station	rules, regulations, or authorizations:	arried by your cable system on a s	substitute program					
	• Do not list the station he	ere in space G—but do list it in space I (th	he Special Statement and Program	n Log)—if the					
	 station was carried only o List the station here, and 	on a substitute basis. d also in space I, if the station was carriec	d both on a substitute basis and al	lso on some other					
	basis. For further informat	tion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p	see page (v) of the general instruct	ctions.					
	multicast stream associate	ed with a station according to its over-the	-	-					
	"WETA-2" as the same on Column 2: Give the chan	n the form. Inel number the FCC assigned to the tele [,]	evision station for broadcasting ove	er the air in its community					
		WRC is channel 4 in Washington, D.C. ch case whether the station is a network s	station, an independent station, or	r a noncommercial					
	educational station, by en	tering the letter "N" (for network), "N-M" ((for network multicast), "I" (for inde	ependent), "I-M"					
	· ·	t), "E" (for noncommercial educational), o terms, see page (iv) of the general instru-		ational multicast).					
	Column 4: Give the locati	ion of each station. For U.S. stations, list nadian stations, if any, give the name of th	the community to which the statio	2					
		addit otdiono, i. e., , g. e							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	wкow	27.1	N	Madison, WI					
	WKOW-DT2	27.2	N-M	Madison, WI					
Rows as Necessary	WKOW-DT3	27.3	N-M	Madison, WI					
	WKOW-DT4	27.4	N-M	Madison, WI					
	WKOW-DT5	27.5	N-M	Madison, WI					
	wisc	3.1	Ν	Madison, WI					
	1100								
	WISC-DT2	3.2	N-M	Madison, WI					
	-	3.2 3.3	N-M N-M						
	WISC-DT2			Madison, WI					
	WISC-DT2 WISC-DT3	3.3	N-M	Madison, WI Madison, WI					
	WISC-DT2 WISC-DT3 WMSN	3.3 47.1	N-M N	Madison, WI Madison, WI Madison, WI					
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2	3.3 47.1 47.2	N-M N N-M	Madison, WI Madison, WI Madison, WI Madison, WI					
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3	3.3 47.1 47.2 47.3	N-M N N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI					
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4	3.3 47.1 47.2 47.3 47.4	N-M N N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI					
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV	3.3 47.1 47.2 47.3 47.4 15.1	N-M N N-M N-M N-M N	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI					
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2	3.3 47.1 47.2 47.3 47.4 15.1 15.2	N-M N N-M N-M N-M N N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI					
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3	3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3	N-M N N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI					
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT2 WMTV-DT3 WMTV-DT4	3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4	N-M N N-M N-M N-M N-M N-M N-M N-M	Madison, WI					
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5	3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5	N-M N N-M N-M N-M N-M N-M N-M N-M	Madison, WI					
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT3 WMTV-DT5 WMTV-DT6	3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5 15.6	N-M N N-M N-M N-M N-M N-M N-M N-M N-M N-	Madison, WI					
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA	3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5 15.6 21.1	N-M N N-M N-M N-M N-M N-M N-M N-M N-M N-	Madison, WI					
	WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT3 WMTV-DT5 WMTV-DT6 WHA WHA-DT2	3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4 15.5 15.6 21.1 21.2	N-M N N-M N-M N-M N-M N-M N-M N-M N-M E E	Madison, WI Madison, WI					

ounting Period:	,							
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:			SYSTEM			
	TDS Metrocom, LLC				637			
	PRIMARY TRANSMITTERS: TE	LEVISION						
C	· · · · · · · · · · · · · · · · · · ·		g translator stations and low power tele	,				
G	carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections							
Primary	0		the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati	-				
ransmitters:	substitute program basis, as ex	plained in the next paragraph.						
Television			carried by your cable system on a subs	stitute program				
		, regulations, or authorizations: space G—but do list it in space I (the Special Statement and Program L	oa)—if the				
	station was carried only on a s	· · · ·		-3/				
		•	ed both on a substitute basis and also					
			s, see page (v) of the general instruction program services such as HBO, ESPI					
			ne-air designation. For example, repor					
	"WETA-2" as the same on the							
		is channel 4 in Washington, D.C.	evision station for broadcasting over the	he air in its community				
		•	station, an independent station, or a	noncommercial				
			(for network multicast), "I" (for independent					
	(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. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the							
			uctions in the paper SA1-2 form.	,				
	Column 4: Give the location of	feach station. For U.S. stations, lis	uctions in the paper SA1-2 form.	s licensed by the				
	Column 4: Give the location of FCC. For Mexican or Canadiar	feach station. For U.S. stations, lis	ructions in the paper SA1-2 form. If the community to which the station is	s licensed by the	FATION			
	Column 4: Give the location of FCC. For Mexican or Canadiar	f each station. For U.S. stations, lis n stations, if any, give the name of	ructions in the paper SA1-2 form. If the community to which the station is the community with which the station i	s licensed by the is identified.	ΓΑΤΙΟΝ			
	Column 4: Give the location of FCC. For Mexican or Canadiar	f each station. For U.S. stations, lis n stations, if any, give the name of	ructions in the paper SA1-2 form. If the community to which the station is the community with which the station i	s licensed by the is identified.	ΓΑΤΙΟΝ			
	Column 4: Give the location of FCC. For Mexican or Canadiar	f each station. For U.S. stations, lis n stations, if any, give the name of	ructions in the paper SA1-2 form. If the community to which the station is the community with which the station i	s licensed by the is identified.	ΓΑΤΙΟΝ			
	Column 4: Give the location of FCC. For Mexican or Canadiar	f each station. For U.S. stations, lis n stations, if any, give the name of	ructions in the paper SA1-2 form. If the community to which the station is the community with which the station i	s licensed by the is identified.	ΓΑΤΙΟΝ			
	Column 4: Give the location of FCC. For Mexican or Canadiar	f each station. For U.S. stations, lis n stations, if any, give the name of	ructions in the paper SA1-2 form. If the community to which the station is the community with which the station i	s licensed by the is identified.				
	Column 4: Give the location of FCC. For Mexican or Canadiar	f each station. For U.S. stations, lis n stations, if any, give the name of	ructions in the paper SA1-2 form. If the community to which the station is the community with which the station i	s licensed by the is identified.	ΓΑΤΙΟΝ			
	Column 4: Give the location of FCC. For Mexican or Canadiar	f each station. For U.S. stations, lis n stations, if any, give the name of	ructions in the paper SA1-2 form. If the community to which the station is the community with which the station i	s licensed by the is identified.				
	Column 4: Give the location of FCC. For Mexican or Canadiar	f each station. For U.S. stations, lis n stations, if any, give the name of	ructions in the paper SA1-2 form. If the community to which the station is the community with which the station i	s licensed by the is identified.				
	Column 4: Give the location of FCC. For Mexican or Canadiar	f each station. For U.S. stations, lis n stations, if any, give the name of	ructions in the paper SA1-2 form. If the community to which the station is the community with which the station i	s licensed by the is identified.				
	Column 4: Give the location of FCC. For Mexican or Canadiar	f each station. For U.S. stations, lis n stations, if any, give the name of	ructions in the paper SA1-2 form. If the community to which the station is the community with which the station i	s licensed by the is identified.				
	Column 4: Give the location of FCC. For Mexican or Canadiar	f each station. For U.S. stations, lis n stations, if any, give the name of	ructions in the paper SA1-2 form. If the community to which the station is the community with which the station i	s licensed by the is identified.				
	Column 4: Give the location of FCC. For Mexican or Canadiar	f each station. For U.S. stations, lis n stations, if any, give the name of	ructions in the paper SA1-2 form. If the community to which the station is the community with which the station i	s licensed by the is identified.				
	Column 4: Give the location of FCC. For Mexican or Canadiar	f each station. For U.S. stations, lis n stations, if any, give the name of	ructions in the paper SA1-2 form. If the community to which the station is the community with which the station i	s licensed by the is identified.				
	Column 4: Give the location of FCC. For Mexican or Canadiar	f each station. For U.S. stations, lis n stations, if any, give the name of	ructions in the paper SA1-2 form. If the community to which the station is the community with which the station i	s licensed by the is identified.				

LEGAL NAME OF			5 T S T EIVI.					SYSTEM
IDS Metroc	om, LLC							63
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.								н
eccivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate	it is carried b monitoring, to prmation about rm. dentify the cal state whether the radio state this by placin	y the sy be rece ut the C I sign of the stati tion's sig g a chec	III-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. ion is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which the	at the system's h system's FM ar this point, see p sed by the cable	neadend, and Itenna, during page (v) of the e system as a	(2) it ca certain genera separat	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitters Radio
Aexican or Car	adian station		, the community with which th	e station is ident				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								
				·				

	LEGAL NAME OF OWNER OF						FOF		
Name	TDS Metrocom, LLC	CABLE SYS						SYSTEM ID 6379	
	SUBSTITUTE CARRIAG		NT AND PROGRAM I O	G					
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fur								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Carriage: Special						the second second			
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
Program Log			root of this nos	no blank. If your anower is	"Voo " vou m		YES	NO	
	Note: If your answer is "No log in block 2.	, leave the	rest or this pag	je blalik. Il your allswel is	res, you m	usi complet	e the progr	am	
	2. LOG OF SUBSTITUT	E PROGRA	MS						
	In General: List each subs				wherever po	ssible, if the	ir meaning	is	
	clear. If you need more spa Column 1: Give the title			rows to the tables. ision program ("substitute	program") the	at during th	e accountir	na	
	period, was broadcast by a	a distant stat	ion and that yo	ur cable system substitute	ed for the prog	gramming o	f another s	tation	
	under certain FCC rules, ro Do not use general catego								
	"NBA Basketball: 76ers vs			abali. List specific progra			JVE LUCY C	Л	
				r "Yes." Otherwise enter "					
				asting the substitute progra ne community to which the		ensed by the	e FCC or i	n	
	the case of Mexican or Ca	nadian statio	ons, if any, the	community with which the	station is ide	ntified).			
			when your sys	tem carried the substitute	program. Use	e numerals,	with the m	onth	
	first. Example: for May 7 g Column 6: State the tim		e substitute pro	gram was carried by your	cable system	n. List the tir	nes accura	telv	
	to the nearest five minutes	. Example: a						,	
	stated as "6:00–6:30 p.m."		listed program	was substituted for progr	omming that y		was room	irod	
	to delete under FCC rules			was substituted for progr					
	was substituted for program								
		mining that y	our system wa					gram	
	effect on October 19, 1976	• •	our system wa					gram	
	effect on October 19, 1976	• •	our system wa		er FCC rules a		ons in		
		SUBSTITUT	E PROGRAM	s permitted to delete und	er FCC rules a WHE CARRI	and regulati	ons in TUTE JRRED	7. REASON FO	
). 		s permitted to delete und	er FCC rules a	and regulati	ons in		
			E PROGRAM 3. STATION'S	is permitted to delete und	WHE CARRI 5. MONTH	and regulati	TUTE JRRED IMES	7. REASON F	
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S	is permitted to delete und	WHE CARRI 5. MONTH	and regulati	TUTE JRRED IMES	7. REASON F	
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S	is permitted to delete und	WHE CARRI 5. MONTH	and regulati	TUTE JRRED IMES	7. REASON F	
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S	is permitted to delete und	WHE CARRI 5. MONTH	and regulati	TUTE JRRED IMES	7. REASON F	
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S	is permitted to delete und	WHE CARRI 5. MONTH	and regulati	TUTE JRRED IMES	7. REASON F	
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S	is permitted to delete und	WHE CARRI 5. MONTH	and regulati	TUTE JRRED IMES	7. REASON F	
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S	is permitted to delete und	WHE CARRI 5. MONTH	and regulati	TUTE JRRED IMES	7. REASON F	
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S	is permitted to delete und	WHE CARRI 5. MONTH	and regulati	TUTE JRRED IMES	7. REASON F	
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S	is permitted to delete und	WHE CARRI 5. MONTH	and regulati	TUTE JRRED IMES	7. REASON F	
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S	is permitted to delete und	WHE CARRI 5. MONTH	and regulati	TUTE JRRED IMES	7. REASON F	
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S	is permitted to delete und	WHE CARRI 5. MONTH	and regulati	TUTE JRRED IMES	7. REASON F	
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S	is permitted to delete und	WHE CARRI 5. MONTH	and regulati	TUTE JRRED IMES	7. REASON F	
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S	is permitted to delete und	WHE CARRI 5. MONTH	and regulati	TUTE JRRED IMES	7. REASON F	
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Accounting Period:	2022/01	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SI	(STEM ID#
			63797
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	,978.99
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	 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 1 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,80(
	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 t accounting period is \$52.00	his six-month	
	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 \$137,1	00)	
	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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2022/01				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF TDS Metrocor	OWNER OF CABLE SYSTEM: m, LLC			SYSTEM ID# 63797
M Channels	 to its subscriber Enter the tota system carried Enter the tota on which the other 	rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channe cable system carried television	total num th the cab the cab the cab the cab		23
N Individual to Be Contacted		O BE CONTACTED IF FURT about this statement of accou		DRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Mitchell Maier		Telephone	e (608) 886-8210
	Address	525 Junction Rd (Number, street, rural route, apar	tment, or su	ite number)	
		Madison, WI 53593 (City, town, state, zip)			
	Email	Finance@tdsteled	:om.com	Fax (optional)	
O Certification	I, the undersign (Own (Ager in X (Offi in · I have examine	ned, hereby certify that (Check er other than corporation or nt of owner other than corpor line 1 of space B and that the cer or partner) I am an officer line 1 of space B. ed the statement of account and the statement of account and the statement of the best of m	one, <i>but o</i> partnersh ration or owner is r (if a corpo	ertified and signed in accordance with Copyright Office regulations <i>nly one</i> , of the boxes.) hip) I am the owner of the cable system as identified in line 1 of space partnership) I am the duly authorized agent of the owner of the cable tot a corporation or partnership; or pration) or a partner (if a partnership) of the legal entity identified as of leclare under penalty of law that all statements of fact contained here lege, information, and belief, and are made in good faith. /s/ Sharon V. Tisdale	e B; or e system as identified owner of the cable system
		Typed or printe Title:	Enter sig d name: Assis	electronic signature on the line above to certify this statement. gnature using an "/s/ signature" (e.g., /s/ John Smith) Sharon V. Tisdale tant Treasurer	
			official posit	on held in corporation or partnership)	
Debug and Act N	Continue 444 - First	Date:		August 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.

IGAL NAME OF OWNER OF CABLE SYSTEM: DS Metrocom, LLC 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 fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic	SYSTEM ID 6379
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic	6379
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing 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 sub- scribers 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. 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	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served	

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