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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

 FOR COPYRIGHT OFFICE USE ONLY
 AMOUNT

 DATE RECEIVED
 AMOUNT

 08/19/22
 \$

 ALLOCATION NUMBER
 7

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	r –	
Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Desired a transmitter base of a probability of the state
		2022/01 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
Period		
		Instructions:
В		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		
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. 63799
		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
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Road
		(Number, street, rural route, apartment, or suite number)
		Madison, WI 53717 (City, town, state, zip)
•	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Privacy Act Notice	: Section	n 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 suffciency of the fling, a determination that would be made by a court of law.

Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name	TDS Metrocom, LLC	637					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 mobi identified city.	le home parks should be reported in parentheses below the					
First	CITY OR TOWN Coeur d'Alene	STATE ID					
Community							
-							
d Rows as Necessary							
	การการการการการการการการการการการการการก						
	การการการการการการการการการการการการการก						

	LEGAL NAME OF OWNER OF O						FORM SA1	
Name	TDS Metrocom, LLC						010	637
Е	SECONDARY TRANSMISSION In General: The information in s				, transmission	service of	the cable	
_	system, that is, the retransmissi	-	-	-				
Secondary	about other services (including							
Transmission	last day of the accounting period					h.l		
Service: Sub- scribers and	Number of Subscribers: Bot down by categories of secondar	•						
Rates	each category by counting the r							
	separately for the particular service							
	Rate: Give the standard rate of unit in which it is generally billed	-	• •				-	
	category, but do not include dise					is wiu iir a	particular rate	
	Block 1: In the left-hand block	k in space E, th	e form lists the catego	ories of seco				
	systems most commonly provid						0,	
	that applies to your system. No categories, that person or entity		-		-			
	subscriber who pays extra for ca			••		•		
	first set" and would be counted	0		()				
	Block 2: If your cable system printed in block 1 (for example,	-	•					
	with the number of subscribers							
	sufficient.	,			•			
	BL	OCK 1 NO. OF				BLOC	K 2 NO. OF	r –
	CATEGORY OF SERVICE	SUBSCRIB		CATE	GORY OF SEI	RVICE	SUBSCRIBERS	RA
	Residential:							
	 Service to first set 		1,095 \$25/mo					
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel Commercial		14 \$64/ma					
	Converter		14 \$64/mo					
	Residential		1,095 \$6/Mo.					
	Non-residential		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	SERVICES OTHER THAN SEC							
F	In General: Space F calls for random of covered in space E, that is,	•	,	-	• •			
-	service for a single fee. There a				,			
Services	furnished at cost or (2) services							
Other Than	amount of the charge and the u		usually billed. If any r	ates are ch	arged on a var	iable per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.							
Rates	Block 2: List any services that	t your cable sy	stem furnished or offe	red during t	he accounting	period tha	t were not	
	listed in block 1 and for which a		•	lished. List I	these other ser	vices in th	e form of a	
	brief (two- or three-word) description and include the rate for each.							
		BLO			B 4 7 5	0.1750	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY OF SEF Installation: Non-res		RATE	CATEG	ORY OF SERVICE	RAT
	Pay cable	\$8.00-\$15.00	• Motel, hotel					
	• Pay cable—add'l channel		Commercial		\$0 - \$50.00			
	Fire protection		• Pay cable					
	•Burglar protection		• Pay cable-add'l c	hannel				
	Installation: Residential		 Fire protection 					
	• First set	\$0-\$50.00	 Burglar protection 	n [
	 Additional set(s) 	\$0-\$50.00	Other services:					
	• FM radio (if separate rate)		Reconnect		\$0-\$25.00			
	Converter		Disconnect					
	• Converter		 Disconnect Outlet relocation Move to new add 		19.98-39.96			

Name	LEGAL NAME OF OWNER O			SYSTI
	TDS Metrocom, LLC			
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC	: TELEVISION dentify every television station (including to tem during the accounting period, <i>except</i> s in effect on June 24, 1981, permitting the I(e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. ns: With respect to any distant stations can rules, regulations, or authorizations: ere in space G—but do list it in space I (the	(1) stations carried only on a par- te carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s arried by your cable system on a s	rt-time basis under grams [sections stations carried on a substitute program
	station was carried only o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, N Column 3: Indicate in eaco	on a substitute basis. d also in space I, if the station was carried tion concerning substitute basis stations, s ion's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	d both on a substitute basis and al see page (v) of the general instru- rogram services such as HBO, ES -air designation. For example, re vision station for broadcasting ove station, an independent station, or	also on some other actions. SPN, etc. Identify each eport multistream er the air in its community r a noncommercial
	(for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list t hadian stations, if any, give the name of the	r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station ne community with which the station	ational multicast). on is licensed by the ion is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAYU	28.1	Ν	Spokane, WA
	KAYU-DT2	28.2	N-M	Spokane, WA
ws as Necessary	KCDT	26.1	E	Coeur d'Alene, ID
	KCDT-DT2	26.2	E-M	Coeur d'Alene, ID
	KCDT-DT3	26.3	E-M	Coeur d'Alene, ID
	KCDT-DT4	26.4	E-M	Coeur d'Alene, ID
	KCDT-DT5	26.5	E-M	Coeur d'Alene, ID
	КНQ	6.1	Ν	Spokane, WA
	KHQ-DT2	6.2	N-M	Spokane, WA
	KREM	2.1	Ν	Spokane, WA
	KREM-DT2	2.2	N-M	Spokane, WA
	KREM-DT3	2.3	N-M	Spokane, WA
	KREM-DT3 KXLY	2.3 4.1	N-M N	Spokane, WA Spokane, WA
	KXLY	4.1	N	Spokane, WA
	KXLY KXLY-DT2	4.1 4.2	N N-M	Spokane, WA Spokane, WA
	KXLY KXLY-DT2 KXLY-DT3	4.1 4.2 4.3	N N-M N-M	Spokane, WA Spokane, WA Spokane, WA
	KXLY KXLY-DT2 KXLY-DT3 KXLY-DT4	4.1 4.2 4.3 4.4	N N-M N-M N-M	Spokane, WA Spokane, WA Spokane, WA Spokane, WA
	KXLY KXLY-DT2 KXLY-DT3 KXLY-DT4 KXLY-DT5	4.1 4.2 4.3 4.4 4.5	N N-M N-M N-M N-M	Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA
	KXLY KXLY-DT2 KXLY-DT3 KXLY-DT4 KXLY-DT5 KSPS	4.1 4.2 4.3 4.4 4.5 7.1	N N-M N-M N-M N-M E	Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA
	KXLY KXLY-DT2 KXLY-DT3 KXLY-DT4 KXLY-DT5 KSPS KSPS-DT2	4.1 4.2 4.3 4.4 4.5 7.1 7.2	N N-M N-M N-M E E-M	Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA
	KXLY KXLY-DT2 KXLY-DT3 KXLY-DT4 KXLY-DT5 KSPS KSPS-DT2 KSPS-DT3	4.1 4.2 4.3 4.4 4.5 7.1 7.2 7.3	N N-M N-M N-M E E E-M E-M	Spokane, WA Spokane, WA

	1			FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
	TDS Metrocom, LLC			637
	PRIMARY TRANSMITTERS:	TELEVISION		
C	· · · · · · · · · · · · · · · · · · ·	, , ,	g translator stations and low power tele	,
G			ot (1) stations carried only on a part-tir	
Primary Fransmitters: Television	5	· · · · · ·	the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati	•
		s explained in the next paragraph.		
			carried by your cable system on a subs	stitute program
		les, regulations, or authorizations:	the Special Statement and Program L	oa)—if the
	station was carried only on			
		•	ed both on a substitute basis and also	
			 see page (v) of the general instruction program services such as HBO, ESPI 	
			e-air designation. For example, repor	
	"WETA-2" as the same on t			
		Ŭ	evision station for broadcasting over the	he air in its community
	•	RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or a	noncommercial
			(for network multicast), "I" (for indepe	
	· · · · · · · · · · · · · · · · · · ·		or "E-M" (for noncommercial educatio	nal multicast).
		rms, see page (iv) of the general instr of each station. For U.S. stations, lis	uctions in the paper SA1-2 form. It the community to which the station is	s licensed by the
			the community with which the station i	
	1. CALL SIGN			
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
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		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF								SYSTEM I 637
	t every radio	station o) carried on a separate and disc enerally receivable by your ca					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	it is carried b monitoring, to ormation abou rm. dentify the cal state whether the radio sta this by placin Sive the statio	y the sy be rece ut the C Il sign of the stati tion's sig g a chee n's loca	III-Band FM Carriage: Under rstem whenever it is received eived at the headend, with the copyright 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 th , the community with which th	at the system's H system's FM ar this point, see p sed by the cable the station is lice	neadend, and intenna, during page (v) of the e system as a insed by the F	(2) it ca certain genera separat	n be expected, stated intervals. I instructions in the. e and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		3/0	LOCATION OF STATION	GALL SIGN		3/0	LOCATION OF STATION	
I/A						 		
						+		
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Accounting Perio							FUR	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF TDS Metrocom, LLC	F CABLE SYST	TEM:					SYSTEM ID# 63799
	,							
I	SUBSTITUTE CARRIAG	ntify <i>every nor</i> accounting pe	nnetwork televis eriod, under spe	<i>tion program,</i> broadcast b acific present and former F	oy a <i>distant</i> stat ⁻CC rules, regu	lations, or a	uthorization	s. For a further
Substitute Carriage:	explanation of the program	-			the general inst	ructions in th	ne paper SA	1-2 form.
Special	SPECIAL STATEMEN During the accounting period					otwork tolov	icion progr	
Statement and	broadcast by a distant sta		ii cable system	carry, on a substitute ba	asis, any nonne		v	NO
Program Log	,				- "\/ "	 4 - 1 4	YES	
	Note: If your answer is "Note: If your answer is "Note: If your answer is "Note: Note: Not	io, leave the	rest of this pag	je blank. Il your answer i	s res, you m	iust complet	e the progr	an
	2. LOG OF SUBSTITUT	TE PROGRA	MS					
	period, was broadcast by a under certain FCC rules, r Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the cal Column 4: Give the bro the case of Mexican or Ca	bace, please a e of every no a distant stat regulations, o pries like "mo s. Bulls." am was broad Il sign of the s badcast static anadian static ponth and day	add additional i nnetwork telev ion and that yo or authorization vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys	rows to the tables. ision program ("substitut ur cable system substitut s. See page (v) of the ge tball." List specific progra r "Yes." Otherwise enter isting the substitute prog ne community to which th community with which th tem carried the substitute	e program") the ted for the prog- meral instruction am titles, for ex- "No." ram. he station is lice e station is ide e program. Use	at, during th gramming o ons for furth kample, "I Lo ensed by tho ntified). e numerals,	e accountir f another st er informati ove Lucy" c e FCC or, in with the me	ng tation on. or n onth
	Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m.'	s. Example: a " itter "R" if the and regulation amming that y	a program carri listed program ons in effect du	ed by a system from 6:0 was substituted for prog iring the accounting perio	1:15 p.m. to 6: ramming that y od; enter the le	28:30 p.m. s your system etter "P" if the	was <i>requ</i> ie listed prog	
	Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m.' Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	s. Example: a " tter "R" if the and regulation mming that y 6.	a program carri listed program ons in effect du	ed by a system from 6:0 was substituted for prog iring the accounting perio is permitted to delete und	1:15 p.m. to 6: gramming that y od; enter the le der FCC rules	28:30 p.m. s your system etter "P" if the	i was <i>requ</i> e listed pro- ons in TUTE	gram 7. REASON FOF
	Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m.' Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	s. Example: a " tter "R" if the and regulation mming that y 6. <u>SUBSTITUT</u> 2. LIVE?	a program carri listed program ons in effect du your system wa <u>E PROGRAM</u> 3. STATION'S	ed by a system from 6:0 was substituted for prog iring the accounting perio is permitted to delete und	1:15 p.m. to 6: ramming that y od; enter the le der FCC rules WHE CARR 5. MONTH	28:30 p.m. s your system tter "P" if the and regulati EN SUBSTI IAGE OCCI 6. T	i was <i>requ</i> e listed pro- ons in TUTE URRED IMES	gram
	Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m.' Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	s. Example: a " tter "R" if the and regulation mming that y 6.	a program carri listed program ons in effect du our system wa	ed by a system from 6:0 was substituted for prog iring the accounting perio is permitted to delete und	1:15 p.m. to 6: ramming that y od; enter the le der FCC rules WHE CARR 5. MONTH	28:30 p.m. s your system tter "P" if the and regulati N SUBSTI IAGE OCCI	i was <i>requ</i> e listed pro- ons in TUTE URRED	gram 7. REASON FO
	Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m.' Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	s. Example: a " tter "R" if the and regulation mming that y 6. <u>SUBSTITUT</u> 2. LIVE?	a program carri listed program ons in effect du your system wa <u>E PROGRAM</u> 3. STATION'S	ed by a system from 6:0 was substituted for prog iring the accounting perio is permitted to delete und	1:15 p.m. to 6: ramming that y od; enter the le der FCC rules WHE CARR 5. MONTH	28:30 p.m. s your system tter "P" if the and regulati EN SUBSTI IAGE OCCI 6. T	i was <i>requ</i> e listed pro- ons in TUTE URRED IMES	gram 7. REASON FO
	Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m.' Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	s. Example: a " tter "R" if the and regulation mming that y 6. <u>SUBSTITUT</u> 2. LIVE?	a program carri listed program ons in effect du your system wa <u>E PROGRAM</u> 3. STATION'S	ed by a system from 6:0 was substituted for prog iring the accounting perio is permitted to delete und	1:15 p.m. to 6: ramming that y od; enter the le der FCC rules WHE CARR 5. MONTH	28:30 p.m. s your system tter "P" if the and regulati EN SUBSTI IAGE OCCI 6. T	i was <i>requ</i> e listed pro- ons in TUTE URRED IMES	gram 7. REASON FOI
	Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m.' Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	s. Example: a " tter "R" if the and regulation mming that y 6. <u>SUBSTITUT</u> 2. LIVE?	a program carri listed program ons in effect du your system wa <u>E PROGRAM</u> 3. STATION'S	ed by a system from 6:0 was substituted for prog iring the accounting perio is permitted to delete und	1:15 p.m. to 6: ramming that y od; enter the le der FCC rules WHE CARR 5. MONTH	28:30 p.m. s your system tter "P" if the and regulati EN SUBSTI IAGE OCCI 6. T	i was <i>requ</i> e listed pro- ons in TUTE URRED IMES	gram 7. REASON FO
	Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m.' Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	s. Example: a " tter "R" if the and regulation mming that y 6. <u>SUBSTITUT</u> 2. LIVE?	a program carri listed program ons in effect du your system wa <u>E PROGRAM</u> 3. STATION'S	ed by a system from 6:0 was substituted for prog iring the accounting perio is permitted to delete und	1:15 p.m. to 6: ramming that y od; enter the le der FCC rules WHE CARR 5. MONTH	28:30 p.m. s your system tter "P" if the and regulati EN SUBSTI IAGE OCCI 6. T	i was <i>requ</i> e listed pro- ons in TUTE URRED IMES	gram 7. REASON FO
	Column 6: State the tin to the nearest five minutes stated as "6:00–6:30 p.m.' Column 7: Enter the let to delete under FCC rules was substituted for progra effect on October 19, 1976	s. Example: a " tter "R" if the and regulation mming that y 6. <u>SUBSTITUT</u> 2. LIVE?	a program carri listed program ons in effect du your system wa <u>E PROGRAM</u> 3. STATION'S	ed by a system from 6:0 was substituted for prog iring the accounting perio is permitted to delete und	1:15 p.m. to 6: ramming that y od; enter the le der FCC rules WHE CARR 5. MONTH	28:30 p.m. s your system tter "P" if the and regulati EN SUBSTI IAGE OCCI 6. T	i was <i>requ</i> e listed pro- ons in TUTE URRED IMES	gram 7. REASON FO
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Accounting Period:	2022/01	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	S	YSTEM ID# 63799
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 trans (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 servic amount, se	¢ 4,099.55
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 \$527,60(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		
	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 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		
	4. Enter the amount of gross receipts from space K	24,099.55	
	5. Enter the amount from line 3	39,700.45	
	6. Subtract line 5 from line 4	84,399.10	
	7. Multiply line 6 by .005 (enter figure here)	\$	922.00
	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	\$	922.00
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	I 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)	922.00	
Due	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	\$	942.00
	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 me		

Namo	Accounting Period:	2022/01			FORM SA1-2E. PAGE 7
M Instruction: You must give (1) the number of adametels on which the cable system carried television broadcast stations is a substrate, multiple (1) the cable system is taid number of adameted on which the cable system carried television broadcast stations	Name				SYSTEM ID# 63799
Individual to Be Contacted for Further Information Mitchell Maier Telephone (608) 886-8210 Address S2.5 Junction Rd Website steen information Telephone (608) 886-8210 Address S2.5 Junction Rd Website steen information Fax (optional) Mailson, VI 53593 Email Email Control Fax (optional) Fax (optional) Image: Second State and		Instructions: to its subscribe 1. Enter the to system carrie 2. Enter the to on which the	ers, and (2) the cable system's total nut tal number of channels on which the c ed television broadcast stations tal number of activated channels cable system carried television broad	mber of activated channels during the accounting period.	
for Further Information Name Mitchell Maier Telephone (608) 386-3210 Address 525 Junction Rd (builded, stind, rule losi, againant, or such nome) Mailson, VI 3393 (CR) town, stink, spi) Email Finance Stickleborn com Fax (optional) Certification In the undersigned, hereby certify that (Check one, but only one, of the boxes.) O Outer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner in not a corporation or partnership) I am the duy subhrized spant of the cable system as identified in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of two that all statements of fact contained herein are thus, complete, and corect on the best of my knowledge, information, and beief, and are made in good faith. (18 U.S.C. Section 1001(1986)) Typed or printed name: Sharon V. Tisdale Titler: Assistant Treasurer (The of endial possible hield in corporation bit in comparison or partnership)	Individual to			FORMATION IS NEEDED (Identify an individual to whom	
Interview Madison, WI S3833 (City, toon, sate stop) Email Email Paraced@distencement O Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • O O • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • O • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • O • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • O • O • O • O • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O • O	for Further	Name	Mitchell Maier	Telephone (608) 886-8210
Email EncodeRtdistalencom nom Fax (optional) PC CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • () the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 0 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 system as identified in line 1 of space B. • 1 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)] • Typed or printed name: Sharon V. Tisdale • Typed or printed name: Sharon V. Tisdale • Title: Assistant Treasurer • Cite of official partner in the information or partnership) • () for statement.		Address	(Number, street, rural route, apartment, or Madison, WI 53593	suite number)	
O Certification • I, the undersigned, hereby certify that (Check one.but only one, of the boxes.) Over 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 system as identified in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as owner 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. ISUS.C., Section 1001(1986) Exercise A and correct to the best of my knowledge, information, and belief, and are made in good faith. ISUS.C., Section 1001(1986) Extern 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 effolial position held in corporation rel pathembip)		Email		Fax (optional)	
(Title of official position held in corporation or partnership)	-	I, the undersig (Ow (Age (Age (Age (Age) (Age) (Age)	gned, hereby certify that (Check one, but ner other than corporation or partner ent of owner other than corporation of in line 1 of space B and that the owner is ficer or partner) I am an officer (if a cor- in line 1 of space B. hed the statement of account and hereby lete, and correct to the best of my knowl ction 1001(1986)] Enter Enter	a only one, of the boxes.) ship) I am the owner of the cable system as identified in line 1 of space B r partnership) I am the duly authorized agent of the owner of the cable system as the corporation or partnership; or poration) or a partner (if a partnership) of the legal entity identified as owner of declare under penalty of law that all statements of fact contained herein edge, information, and belief, and are made in good faith. /s/ Sharon V. Tisdale an electronic signature on the line above to certify this statement. signature using an "/s/ signature" (e.g., /s/ John Smith)	ystem as identified
Date: August 18, 2022					
			Date:	August 18, 2022	

Privacy Act Notice: Section 111 of title 17 of the United States Code aution/zes the Copyright Unice 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.

counting Period: 2022/01	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
S Metrocom, LLC	6379
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. 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 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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.	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
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	
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