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	HT OFFICE USE ONLY	by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Systems (Short Form)			
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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		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.	
		6 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	3877
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		TDS Metrocom, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		525 Junction Road (Number, street, rural route, apartment, or suite number)	
		Madison, WI 53717 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unle s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
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 suffciency of the fling, a determination that would be made by a court of law.

News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	TDS Metrocom, LLC	638
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community known as the "first community." Please use it as the first community on al	"community" is the same as a "community unit" as defined in FCC rul porated communities within unincorporated areas and including singl that you list will serve as a form of system identification hereafter
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, c identified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Post Falls	ID
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF O						FORM SA1-		
Name	TDS Metrocom, LLC				6387				
Е	SECONDARY TRANSMISSION In General: The information in s				arv transmission	service of	the cable		
_	system, that is, the retransmissi	-		-	•				
Secondary	about other services (including					those exis	ting on the		
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot	`			,	hla svetor	broken		
scribers and	down by categories of secondar	•				-			
Rates	each category by counting the r	umber of billing	gs in that cate	egory (the number	· of persons or org	ganizations			
	separately for the particular server Rate: Give the standard rate of						ac and the		
	unit in which it is generally billed	-					-		
	category, but do not include dise						F		
	Block 1: In the left-hand block			-	•				
	systems most commonly provid that applies to your system. No								
	categories, that person or entity			•	•				
	subscriber who pays extra for ca					nder "Serv	ice to the		
	first set" and would be counted Block 2: If your cable system					different	from those		
	printed in block 1 (for example,	-		•					
	with the number of subscribers				•	,			
	sufficient.	OCK 1		П		BLOC	< 2		
		NO. OF					NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS R	ATE CA	TEGORY OF SEF	RVICE	SUBSCRIBERS	RA	
	Service to first set		744	625/mo					
	Service to additional set(s)			23/1110					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3 ;	64/mo					
	Converter								
	Residential		744	\$6/Mo.					
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for ra				all your cable sys	stem's ser	vices that were		
F	not covered in space E, that is,				,	,			
Services	service for a single fee. There a furnished at cost or (2) services	•		U U		0 (,		
	amount of the charge and the u								
Other Than	-			·	-		0		
Secondary	enter only the letters "PP" in the		he cable sys	em for each of the	e applicable servi		twere not		
Secondary ransmissions:	Block 1: Give the standard ra	te charged by t	stom furnishe		a the accounting				
Secondary		te charged by t t your cable sys		d or offered during		•	e form of a		
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha	te charged by t t your cable sys separate charg	ge was made	d or offered during or established. Lis		•	e form of a		
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	te charged by t t your cable sys separate charg	ge was made de the rate fo	d or offered during or established. Lis		•	e form of a BLOCK 2		
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE	te charged by t t your cable system separate chargon ption and includ	ge was made de the rate fo CK 1	d or offered during or established. Lis		vices in th		RA	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services:	te charged by t t your cable sys separate charg ption and includ BLO(RATE	ge was made de the rate fo CK 1 CATEGORY Installation:	d or offered during or established. Lis each. OF SERVICE Non-residential	st these other ser	vices in th	BLOCK 2	RA	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by t t your cable system separate charg ption and includ BLO0	ge was made de the rate fo CK 1 CATEGORY Installation: • Motel, ho	d or offered during or established. Lis each. OF SERVICE Non-residential ttel	RATE	vices in th	BLOCK 2	RA	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	te charged by t t your cable sys separate charg ption and includ BLO(RATE	ge was made de the rate fo CK 1 CATEGORY Installation: • Motel, ho • Commer	d or offered during or established. Lis each. OF SERVICE Non-residential tel cial	st these other ser	vices in th	BLOCK 2	RA	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by t t your cable sys separate charg ption and includ BLO(RATE	ge was made de the rate fo CK 1 CATEGORY Installation • Motel, ho • Commer • Pay cabl	d or offered during or established. Lis reach. OF SERVICE Non-residential tiel cial e	RATE	vices in th	BLOCK 2	RA	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te charged by t t your cable sys separate charg ption and includ BLO(RATE	ge was made de the rate fo CK 1 CATEGORY Installation • Motel, ho • Commer • Pay cabl • Pay cabl	d or offered during or established. Lis reach. OF SERVICE Non-residential otel cial e e-add'l channel	RATE	vices in th	BLOCK 2	RA	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by t t your cable sys separate charg ption and includ BLO(RATE	ge was made de the rate fo CK 1 CATEGORY Installation: • Motel, ho • Commer • Pay cabl • Pay cabl • Fire prot	d or offered during or established. Lis reach. OF SERVICE Non-residential otel cial e e-add'l channel ection	RATE	vices in th	BLOCK 2	RA	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	te charged by t t your cable sys separate charg ption and includ BLO(RATE \$8.00-\$15.00 \$0-\$50.00	ge was made de the rate fo CK 1 CATEGORY Installation • Motel, ho • Commer • Pay cabl • Pay cabl	d or offered during or established. Lis reach. OF SERVICE Non-residential otel cial e e-add'I channel ection rotection	RATE	vices in th	BLOCK 2	RA	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	te charged by t t your cable sys separate charg ption and includ BLO(RATE \$8.00-\$15.00 \$0-\$50.00	ge was made de the rate fo CK 1 CATEGORY Installation • Motel, ho • Commer • Pay cabl • Pay cabl • Fire prot • Burglar p	d or offered during or established. List each. OF SERVICE Non-residential tel cial e e-add'l channel ection rotection ces:	RATE	vices in th	BLOCK 2	RA	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	te charged by t t your cable sys separate charg ption and includ BLO(RATE \$8.00-\$15.00 \$0-\$50.00	ge was made de the rate fo CK 1 CATEGORY Installation: • Motel, ho • Commer • Pay cabl • Pay cabl • Fire prot • Burglar p Other servio	d or offered during or established. List reach. OF SERVICE Non-residential tel cial e e-add'I channel ection rotection ces: ct	RATE \$0 - \$50.00	vices in th	BLOCK 2	RA	
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te charged by t t your cable sys separate charg ption and includ BLO(RATE \$8.00-\$15.00 \$0-\$50.00	ge was made de the rate fo CK 1 CATEGORY Installation: • Motel, ho • Commer • Pay cabl • Pay cabl • Pay cabl • Fire prot • Burglar p Other servio • Reconne	d or offered during or established. List reach. OF SERVICE Non-residential otel cial ee-add'I channel ection crotection ces: ct ect	RATE \$0 - \$50.00	vices in th	BLOCK 2	RA	

Name	LEGAL NAME OF OWNER C	JF CABLE SYSTEM:		SYSTI				
	TDS Metrocom, LLC							
-	PRIMARY TRANSMITTERS: In General: In space G, ic	: TELEVISION dentify every television station (including tr	translator stations and low power	television stations)				
G	carried by your cable syste FCC rules and regulations	em during the accounting period, <i>except</i> s in effect on June 24, 1981, permitting the	(1) stations carried only on a part e carriage of certain network prog	t-time basis under grams [sections				
rimary	76.59(d)(2) and (4), 76.61	(e)(2) and (4), or 76.63 (referring to 76.61						
ismitters: levision		as explained in the next paragraph. ns: With respect to any distant stations car	rried by your cable system on a $arsigma$	ubstitute program				
	basis under specific FCC	rules, regulations, or authorizations: ere in space G—but do list it in space I (the						
	List the station here, and	d also in space I, if the station was carried						
		tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr						
	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. nel number the FCC assigned to the telev	vision 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 st	tation on independent station o	noncommoraial				
	educational station, by ent	tering the letter "N" (for network), "N-M" (for	for network multicast), "I" (for inde	ependent), "I-M"				
	(for independent multicast	t), "E" (for noncommercial educational), or	r "E-M" (for noncommercial educa					
		terms, see page (iv) of the general instruction of each station. For U.S. stations, list to		on is licensed by the				
	FCC. For Mexican or Can	adian stations, if any, give the name of the	e community with which the static	on 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				
			N					
	KREM-DT2	2.2	N-M	Spokane, WA				
	-			Spokane, WA Spokane, WA				
	KREM-DT2	2.2	N-M					
	KREM-DT2 KREM-DT3	2.2 2.3	N-M N-M	Spokane, WA				
	KREM-DT2 KREM-DT3 KXLY	2.2 2.3 4.1	N-M N-M N	Spokane, WA Spokane, WA				
	KREM-DT2 KREM-DT3 KXLY KXLY-DT2	2.2 2.3 4.1 4.2	N-M N-M N N-M	Spokane, WA Spokane, WA Spokane, WA				
	KREM-DT2 KREM-DT3 KXLY KXLY-DT2 KXLY-DT3	2.2 2.3 4.1 4.2 4.3	N-M N-M N-M N-M	Spokane, WA Spokane, WA Spokane, WA Spokane, WA				
	KREM-DT2 KREM-DT3 KXLY KXLY-DT2 KXLY-DT3 KXLY-DT4	2.2 2.3 4.1 4.2 4.3 4.4	N-M N-M N-M N-M N-M N-M	Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA				
	KREM-DT2 KREM-DT3 KXLY KXLY-DT2 KXLY-DT3 KXLY-DT4 KXLY-DT5	2.2 2.3 4.1 4.2 4.3 4.4 4.5	N-M N-M N-M N-M N-M N-M	Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA				
	KREM-DT2 KREM-DT3 KXLY KXLY-DT2 KXLY-DT3 KXLY-DT4 KXLY-DT5 KSPS	2.2 2.3 4.1 4.2 4.3 4.4 4.5 7.1	N-M N-M N-M N-M N-M N-M E	Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA				
	KREM-DT2 KREM-DT3 KXLY KXLY-DT2 KXLY-DT3 KXLY-DT4 KXLY-DT5 KSPS KSPS-DT2	2.2 2.3 4.1 4.2 4.3 4.4 4.5 7.1 7.2	N-M N-M N-M N-M N-M N-M E E-M	Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA				
	KREM-DT2 KREM-DT3 KXLY KXLY-DT2 KXLY-DT3 KXLY-DT4 KXLY-DT5 KSPS KSPS-DT2 KSPS-DT3	2.2 2.3 4.1 4.2 4.3 4.4 4.5 7.1 7.2 7.3	N-M N-M N-M N-M N-M N-M E E E-M E-M	Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA Spokane, WA				

ounting Period:	2022/01									
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:			SYSTEM I					
	TDS Metrocom, LLC				638					
	PRIMARY TRANSMITTERS: T	ELEVISION								
^	· · · · · · · · · · · · · · · · · · ·		g translator stations and low power tele	,						
G			ot (1) stations carried only on a part-tir							
Primary	0		the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati	-						
ransmitters:		explained in the next paragraph.								
Television			carried by your cable system on a subs	stitute program						
		s, regulations, or authorizations: n space G—but do list it in space I (the Special Statement and Program L	oa)—if the						
	station was carried <i>only</i> on a									
		• •	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	e form.								
		e e	evision station for broadcasting over the	he air in its community						
		C is channel 4 in Washington, D.C. ase whether the station is a network	station, an independent station, or a	noncommercial						
			•							
	(for independent multicast), "E	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (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.									
		ns, see page (iv) of the general instr	uctions in the paper SA1-2 form.	,						
	Column 4: Give the location of	ns, see page (iv) of the general instr of each station. For U.S. stations, lis		s licensed by the						
	Column 4: Give the location of FCC. For Mexican or Canadia	ns, see page (iv) of the general instr of each station. For U.S. stations, lis	ructions in the paper SA1-2 form. st the community to which the station is	s licensed by the	ATION					
	Column 4: Give the location of FCC. For Mexican or Canadia	ns, see page (iv) of the general instr of each station. For U.S. stations, lis an 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.	ATION					
	Column 4: Give the location of FCC. For Mexican or Canadia	ns, see page (iv) of the general instr of each station. For U.S. stations, lis an 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.	ATION					
	Column 4: Give the location of FCC. For Mexican or Canadia	ns, see page (iv) of the general instr of each station. For U.S. stations, lis an 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.	ATION					
	Column 4: Give the location of FCC. For Mexican or Canadia	ns, see page (iv) of the general instr of each station. For U.S. stations, lis an 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.	ATION					
	Column 4: Give the location of FCC. For Mexican or Canadia	ns, see page (iv) of the general instr of each station. For U.S. stations, lis an 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.	ATION					
	Column 4: Give the location of FCC. For Mexican or Canadia	ns, see page (iv) of the general instr of each station. For U.S. stations, lis an 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.	ATION					
	Column 4: Give the location of FCC. For Mexican or Canadia	ns, see page (iv) of the general instr of each station. For U.S. stations, lis an 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 Canadia	ns, see page (iv) of the general instr of each station. For U.S. stations, lis an 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 Canadia	ns, see page (iv) of the general instr of each station. For U.S. stations, lis an 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 Canadia	ns, see page (iv) of the general instr of each station. For U.S. stations, lis an 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 Canadia	ns, see page (iv) of the general instr of each station. For U.S. stations, lis an 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.	ATION					
	Column 4: Give the location of FCC. For Mexican or Canadia	ns, see page (iv) of the general instr of each station. For U.S. stations, lis an 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 Canadia	ns, see page (iv) of the general instr of each station. For U.S. stations, lis an 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 Canadia	ns, see page (iv) of the general instr of each station. For U.S. stations, lis an 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.						

TDS Metroco	OWNER OF							SYSTEM I 638
								030
	t every radio s	station c) arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abou- rm. dentify the cal tate whether the radio stat this by placing Sive the station	y the sy be rece it the C I sign of the stati tion's sig g a cheo n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations or each station carried. on is AM or FM. gnal was electronically process k mark in the "S/D" column. tion (the community to which , the community with which th	at the system's H e system's FM ar this point, see p esed 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	
		0/0		CALL OION		0,0		
I/A								
		·						
				·				
				·				
				·				

Ner	LECAL NAME OF OWNED OF						FOR	OVOTEMIE
Name	LEGAL NAME OF OWNER OF TDS Metrocom, LLC	CABLE SYS	I EM:					SYSTEM ID 6387
	SUBSTITUTE CARRIAG				2			
	In General: In space I, iden substitute basis during the s	tify every nor accounting p	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former F(a <i>distant</i> stat CC rules, regu	lations, or au	uthorization	s. For a further
canoniaio	explanation of the programmed	-			e general inst	ructions in th	e paper SA	1-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	During the accounting per		ir cable system	i carry, on a substitute bas	sis, any nonne			
Program Log	broadcast by a distant sta				"X "	ـــا مەلىيىتىدە مەرى		× NO
	Note: If your answer is "No log in block 2.	b, leave the	rest of this pag	je blank. If your answer is	res, you m	ust 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") th	at. during th	e accountir	าต
	period, was broadcast by a	a distant stat	ion and that yo	our cable system substitute	ed for the prog	gramming of	f another st	tation
	under certain FCC rules, ro Do not use general catego							
	"NBA Basketball: 76ers vs		VIES OF DASKE	toali. List specific program		ampie, i Lo		Л
	1 0		,	r "Yes." Otherwise enter "I				
				asting the substitute progra ne community to which the		ensed by the	FCC or in	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. Us	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 tin	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		was roou	irod
	to delete under FCC rules			was substituted for progra				
	was substituted for program							9
	effect on October 19, 1976	b .						
					WHE	N SUBSTI	TUTE	
			E PROGRAM		CARR	AGE OCCI	JRRED	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCCI		7. REASON FO
		2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	7. REASON FO DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARR 5. MONTH	AGE OCCU 6. T	JRRED IMES	

Accounting Period:	2022/01	FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	TDS Metrocom, LLC		63877
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 service amount, se	907.15 s receipts)
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	 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	\$	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 \$ 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		
	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 #	[
	<u>Important:</u> 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		

Accounting Period:	2022/01						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF TDS Metroco	OWNER OF CABLE SYSTEM: m, LLC					SYSTEM ID# 63877
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the 	You must give (1) the number ors, and (2) the cable system's al number of channels on whi d television broadcast stations al number of activated channe cable system carried televisio dcast services	s total num ich the cab s els on broadca	ber of activated channel	s during the accountin	ng period.	21 152
N Individual to Be Contacted	we can contact	O BE CONTACTED IF FURT t about this statement of accou		RMATION IS NEEDED	ı (Identify an individual		
for Further Information	Name Address	Mitchell Maier 525 Junction Rd				Ielephone	(608) 886-8210
		(Number, street, rural route, apa Madison, WI 53593 (City, town, state, zip)	artment, or su	te number)			
	Email	Finance@tdstele	com.com		Fax (optional)	
O Certification	I, the undersig (Owr (Age ir X (Offi ir · I have examinare true, completions	N (This statement of account r ned, hereby certify that (Check her other than corporation or nt of owner other than corpo n line 1 of space B and that the icer or partner) I am an officer n line 1 of space B. ed the statement of account an ete, and correct to the best of n tion 1001(1986)]	c one, <i>but o</i> partnersh partion or portion or o owner is r r (if a corporation of the orphological corphological corphologica	bly one, of the boxes.) ip) I am the owner of the iartnership) I am the dul ot a corporation or partner ration) or a partner (if a p eclare under penalty of I	cable system as identi y authorized agent of th ership; or partnership) of the legal aw that all statements o	ified in line 1 of space he owner of the cable : I entity identified as ow of fact contained hereir	system as identified /ner of the cable system
				/s/ Sharon V. Tise electronic signature on the nature using an "/s/ signa	e line above to certify th		
		Typed or printe	ed name:	Sharon V. Tisda	le		
		Title: (Title of		tant Treasurer	nership)		
		Date:			Aug	ust 18, 2022	
Briveey Act Notice	· Section 111 of title	e 17 of the United States Code a	uthorizes t	e Convright Office to colle	ct the personally identify	(ing information (PII) rec	upsted on this

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.

Bit Metrocom, LLC SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Selection of 1988 ammedod Tile 17, eaction 111(d)(1)(A), of the Copyright Act by adding the foliouing sentence: In determining the total number of subscribers and the gross amounts paid to the cable system for the basis scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. For once information on when to exclude these amounts, see the note on page (vii) of the general instructions for the section 119. For once information on when to exclude these amounts, see the note on page (vii) of the general instructions for the section 119. For once information on when to exclude these amounts, see the note on page (vii) of the general instructions for the section 119. For once information on when to exclude these amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dari owners? For once information on when to exclude these amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. For oncepting provide this worksheet for those royally payments submitted as a result of a late payment or underpayment. For on explanation of interest state for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest rate' and enter the sum here. x 0.00274 Line 1 Multipy line 1 by the interest rate' and enter the sum here. x 0.00274 Line 4 Multipy line 2 by the number of days late and enter the sum here. x 0.00274 Interet Assession ¹ To twen the these stile dari once any payment is accounting period as given in the original fline. ¹ To twen the interest rate dari dark on www.copyright gov/ferensright/ferst-state get. For the interest rate dari dark on www.copyright gov/ferensright/ferst-state get. For the explanation o	ounting Period: 2022/01	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statistic Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sections of providing secondary transmissions of primary breadcast transmitters, the system shall not includes us- services of providing secondary transmissions of primary breadcast transmitters, the system shall not include us- services and annuults collected from subscribers receiving secondary transmissions pursuant to second 112. For more information on when to exclude these amounts, see the note on page (wii) of the general instructions located in the paper SA1-2 form. Unring the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Note: No	GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
The Stabilite Home Vewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: P The determining the total number of subscribers and the gross amounts paid to the cable system for the basic subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.* P Promose 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? N No The SE Enter the total here and list the satellite carrier(s) below. \$ Image Address Name Name Name Name Name Image Address Q Nurst 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. Interest Assessm Line 1 Enter the amount of late payment or underpayment.	S Metrocom, LLC	6387
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. Image: 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. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet payment or underpayment. Image: Complete 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. Image: Complete the owner, address, first community served, ID number, and accounting period as given in the original filing. Image: Complete the owner, address, first community served, ID number, and accounting period as given in the original filing.	 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 	P Special Statement Concerning Gross Receipts Exclusion
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments and the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment . Image: Complete this worksheet for those royalty payments and the payment or underpayment. Image: Complete this worksheet for those royalty payments and the paper SA1-2 form. Image: Complete this worksheet for those royalty payments and the payment or underpayment. Image: Complete this worksheet for those royalty payments and the paper SA1-2 form. Image: Complete this worksheet for those royalty payments and the paper SA1-2 form. Image: Complete this worksheet for those royalty payments and the paper SA1-2 form. Image: Complete this worksheet for those royalty payments and the paper SA1-2 form. Image: Complete this worksheet for those royalty payments and the paper SA1-2 form. Image: Complete this paper SA1-2 form. Image: Complete the payment for the paper SA1-2 form. Image: Complete the paper SA1-2 form. Image: Complete the payment for the paper SA1-2 form. Image: Complete the paper SA1-2 form. Image: Complete the payment for for the paper SA1-2 f		
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Line 1 Enter the amount of late payment or underpayment. x	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
x	Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	x dava	
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	Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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.	Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Address ID number First community served	Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Address ID number First community served	Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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	
First community served	Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 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	-
First community served	Line 3 Multiply line 2 by the number of days late and enter the sum here	
	Line 3 Multiply line 2 by the number of days late and enter the sum here	
Accounting period	Line 3 Multiply line 2 by the number of days late and enter the sum here	

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 th 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.