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 by email to:

## coplicsoa@copyright.gov

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

## 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

ALLOCATION NUMBER

DATE RECEIVED

2/23/2023

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
20222 Barcode Data Filing Period (optional - see instructions)	
Accounting Period	
B 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.	3796
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
TDS Metrocom, LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
BUSINESS NAME(S) OF OWNER OF CABLE STSTEM (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)	
<b>C INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unles names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SYSTEM ID# 63796
D	Instructions: List each separate community served by the cable system. A "c separate and distinct community or municipal entity (including unincorporat unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings.	ommunity" is the same as a "community unit" as defined in FCC rules: "a ed communities within unincorporated areas and including single, discrete st will serve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or city.	mobile home parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	Oregon	WI
Community		
d Rows as Necessary		

								FORM SA1	TEM IC
Name		ABLE SYSTEM:						515	6379
	TDS Metrocom, LLC								0070
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIE	BERS AND RA	TES				
E	In General: The information in s	•		0					
Secondary	system, that is, the retransmissi about other services (including particular services)								
Transmission	last day of the accounting period							sting on the	
Service: Sub-	Number of Subscribers: Both	•					-		
scribers and Rates	down by categories of secondar each category by counting the n								
Rates	separately for the particular serv							3 charged	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· ·	,		ny standa	rd rate variatio	ns within a	particular rate	
	Block 1: In the left-hand block				ries of sec	ondary transm	ssion serv	rice that cable	
	systems most commonly provide								
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca					•	, ,		
	first set" and would be counted of	once again und	er "Serv	ice to addition	al set(s)."				
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, 1 with the number of subscribers a								
	sufficient.	,	<b>j</b>						
	BL	OCK 1					BLOC		r
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:						-		
	<ul> <li>Service to first set</li> </ul>		678	\$25/mo					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter     Residential		679	\$6/Mo.					
	Non-residential		678	\$6/IVIO.					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	3				
E	In General: Space F calls for ra		,		•				
F	not covered in space E, that is, the service for a single fee. There a								
Services	furnished at cost or (2) services	•	-		•		0 (	,	
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are ch	narged on a va	iable per-p	program basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		he cable	system for e	ch of the	annlicable serv	ices listed		
Rates	Block 2: List any services that	• •				••			
	listed in block 1 and for which a				shed. List	these other se	rvices in th	ne form of a	
	brief (two- or three-word) descrip	otion and inclue	the ra	te for each.					
		BLO	-			1		BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	SORY OF SERVICE	RAT
	Continuing Services:	¢0 00 ¢45 00		tion: Non-res	idential				
	Pay cable	\$8.00-\$15.00		el, hotel nmercial		\$0 - \$50.00			
	Pay cable     Pay cable—add'l channel		- 000			φ <b>υ -</b> φ30.00			<b>+</b>
	• Pay cable—add'l channel		• Pav	caple					
	Pay cable—add'l channel     Fire protection		•Pay •Pay	cable-add'l ch	annel				
	• Pay cable—add'l channel		•Pay		annel				
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	\$0-\$50.00	• Pay • Fire	cable-add'l ch					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>	\$0-\$50.00 \$0-\$50.00	• Pay • Fire • Burg	cable-add'l ch protection					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>		• Pay • Fire • Burg Other s	cable-add'l ch protection glar protection		\$0-\$25.00			
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Pay • Fire • Burg <b>Other s</b> • Rec	cable-add'l cł protection glar protection <b>ervices:</b>		\$0-\$25.00			
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Pay • Fire • Burg <b>Other s</b> • Rec • Disc	cable-add'l ch protection glar protection <b>ervices:</b> onnect		\$0-\$25.00 19.98-39.96			

Name	LEGAL NAME OF OWNER	DF CABLE SYSTEM:		SYSTEM
Name	TDS Metrocom, LLC			63
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	lentify every television station (including tra em during the accounting period, <i>except</i> ( ; in effect on June 24, 1981, permitting the	l) stations carried only on a part-ti	ime basis under
Primary ansmitters:		(e)(2) and (4), or 76.63 (referring to 76.61( as explained in the next paragraph.	e)(2) and (4))]; and (2) certain sta	tions carried on a
Television	Substitute Basis Station	s: With respect to any distant stations car	ried by your cable system on a sul	bstitute program
		rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis.	Special Statement and Program	Log)—if the
	basis. For further informat	also in space I, if the station was carried b ion concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro	ee page (v) of the general instruct	tions.
	"WETA-2" as the same or	ed with a station according to its over-the-a n the form. nel number the FCC assigned to the televi	<b>c</b>	
	of license. For example, V	VRC is channel 4 in Washington, D.C.	-	
		h case whether the station is a network state ering the letter "N" (for network), "N-M" (fo	•	
	For the meaning of these <b>Column 4:</b> Give the locati	), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct on of each station. For U.S. stations, list th adian stations, if any, give the name of the	ions in the paper SA1-2 form. he community to which the station	is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WKOW	27.1	Ν	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
	WKOW-DT5 WISC	27.5 3.1	N-M N	Madison, WI Madison, WI
				·
	wisc	3.1	N	Madison, WI
	WISC WISC-DT2	3.1 3.2	N N-M	Madison, WI Madison, WI
	WISC WISC-DT2 WISC-DT3	3.1 3.2 3.3	N N-M N-M	Madison, WI Madison, WI Madison, WI
	WISC WISC-DT2 WISC-DT3 WMSN	3.1 3.2 3.3 47.1	N N-M N-M N	Madison, WI Madison, WI Madison, WI Madison, WI
	WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2	3.1       3.2       3.3       47.1       47.2	N N-M N-M N N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
	WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3	3.1       3.2       3.3       47.1       47.2       47.3	N N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
	WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4	3.1       3.2       3.3       47.1       47.2       47.3       47.4	N N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
	WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV	3.1       3.2       3.3       47.1       47.2       47.3       47.4       15.1	N N-M N-M N-M N-M N-M N-M N	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI
	WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2	3.1       3.2       3.3       47.1       47.2       47.3       47.4       15.1       15.2	N N-M 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 WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT2	3.1       3.2       3.3       47.1       47.2       47.3       47.4       15.1       15.2       15.3	N N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI
	WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT3 WMTV-DT4	3.1         3.2         3.3         47.1         47.2         47.3         47.4         15.1         15.2         15.3         15.4	N N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	Madison, WI
	WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT2 WMTV-DT3 WMTV-DT3	3.1         3.2         3.3         47.1         47.2         47.3         47.4         15.1         15.2         15.3         15.4         15.5	N N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	Madison, WI
	WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT2 WMSN-DT4 WMTV-DT4 WMTV-DT3 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6	3.1         3.2         3.3         47.1         47.2         47.3         47.4         15.1         15.2         15.3         15.4         15.5         15.6	N N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	Madison, WI
	WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV-DT4 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA	3.1         3.2         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 N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	Madison, WI
	WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT2 WMSN-DT4 WMSN-DT4 WMTV-DT2 WMTV-DT2 WMTV-DT3 WMTV-DT3 WMTV-DT5 WMTV-DT6 WHA WHA-DT2	3.1         3.2         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 N-M N-M N-M N-M N-M N-M N-M N-M N-M N-	Madison, WI         Madison, WI

ounting Period:	2022/02				E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			EM ID
Hamo	TDS Metrocom, LLC				6379
	PRIMARY TRANSMITTERS:	TELEVISION			
_	In General: In space G_ide	ntify every television station (including	translator stations and low power televi	ision stations)	
G		, , , , , , , , , , , , , , , , , , , ,	(1) stations carried only on a part-time	,	
-		<b>o</b>	ne carriage of certain network programs		
Primary			1(e)(2) and (4))]; and (2) certain station		
ransmitters:	substitute program basis, as	explained in the next paragraph.			
Television		. ,	arried by your cable system on a substit	tute program	
		les, regulations, or authorizations:	ne Special Statement and Program Log	1) if the	
	station was carried only on		le Special Statement and Program Log	<i>))</i> —II the	
			d both on a substitute basis and also on	some other	
		•	see page (v) of the general instructions		
			program services such as HBO, ESPN,		
			e-air designation. For example, report n		
	"WETA-2" as the same on the				
		-	evision station for broadcasting over the	air in its community	
		RC is channel 4 in Washington, D.C.	-4-41		
			station, an independent station, or a not		
			for network multicast), "I" (for independ or "E-M" (for noncommercial educationa		
				a municasi).	
				,	
	For the meaning of these ter <b>Column 4:</b> Give the location	rms, see page (iv) of the general instrunt of each station. For U.S. stations, list			
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	_
	For the meaning of these ter <b>Column 4:</b> Give the location	rms, see page (iv) of the general instrunt of each station. For U.S. stations, list	ictions in the paper SA1-2 form. the community to which the station is li		
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	
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	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	
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	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	
	For the meaning of these ter <b>Column 4:</b> Give the location FCC. For Mexican or Canad	rms, see page (iv) of the general instru- n of each station. For U.S. stations, list lian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station is line community with which the station is in	identified.	

EGAL NAME OF		JABLE S	ISTEM.					SYSTEM I 637
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	н
Special Instruct eccivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	tions Concer it is carried by nonitoring, to rmation about m. lentify the call tate whether t the radio stati this by placing ive the statior	rning Al y the sys be recei t the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	copyright Office re the system's hea ystem's FM anter his point, see pag ed by the cable sy e station is licens	egulations, an Idend, and (2) Inna, during cer e (v) of the ge vstem as a sep ed by the FCC	FM sign it can b rtain sta meral ins	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5/0	LOCATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	
1/A								

Accounting Perio	d: 2022/02						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	TDS Metrocom, LLC							63796
I	SUBSTITUTE CARRIAGE	-	-		a <i>distant</i> stati	on, that you	ur cable syster	n carried on a
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBSTI	TUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	r cable system	carry, on a substitute basi	is, any nonne	etwork tele	vision progra	m
Program Log	broadcast by a distant sta	tion?					YES	XNO
	Note: If your answer is "No		rest of this pac	e blank. If vour answer is	"Yes." vou m	ust comple	-	
	log in block 2.	,			, journ		ne ine pregie	
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	ace, please of every no distant stat gulations, o ries like "mo	add additional i nnetwork telev ion and that yo r authorizations	rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene	program") th d for the prog eral instructio	at, during t gramming ons for furth	the accounting of another sta her informatio	g ation n.
	Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car	n was broad sign of the s adcast station adian station	station broadca on's location (th ons, if any, the		m. station is lice station is ide	ntified).		
	first. Example: for May 7 gi	ve "5/7." es when the	e substitute pro	tem carried the substitute gram was carried by your ed by a system from 6:01:	cable system	. List the ti	imes accurate	
		and regulation	ons in effect du		; enter the le	tter "P" if th	he listed prog	
	S	SUBSTITUT	E PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
	N/A						_	
		1						
		+	+					
		+						
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Accounting Period:	2022/02 FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: STDS Metrocom, LLC	YSTEM ID# 63796
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	6,551.45
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	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 \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 166,551.45	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 166,551.45	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	346.51
	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	346.51
	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) \$ 346.51	
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	366.51
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information	

Accounting Period:	2022/02			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CA TDS Metrocom, LLC	ABLE SYSTEM:		SYSTEM ID# 63796
M Channels	to its subscribers, and (2) the 1. Enter the total number of c system carried television b 2. Enter the total number of a on which the cable system	cable system's total num channels on which the cal proadcast stations		23
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC		ORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Mitchell I	Maier	Т	elephone (608) 886-8210
	Madison, (City, town, sta	et, rural route, apartment, or su <b>, WI 53593</b>		
O Certification	<ul> <li>I, the undersigned, hereby cert</li> <li>(Owner other than c</li> <li>(Agent of owner other in line 1 of spatian line</li></ul>	tify that (Check one, <i>but or</i> corporation or partnersh ner than corporation or p ace B and that the owner is a an an officer (if a corpo ace B. t of account and hereby de t to the best of my knowled	rtified and signed in accordance with Copyright Office reg <i>bly one</i> , of the boxes.) <b>ip</b> ) I am the owner of the cable system as identified in line 1 <b>artnership</b> ) I am the duly authorized agent of the owner of t s not a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identif eclare under penalty of law that all statements of fact contain dge, information, and belief, and are made in good faith.	of space B; or he cable system as identified ied as owner of the cable system
		Enter an	/s/ Sharon V. Tisdale electronic signature on the line above to certify this statement nature using an "/s/ signature" (e.g., /s/ John Smith)	
			Sharon V. Tisdale tant Treasurer I position held in corporation or partnership)	
	C	Date:	February 17, 20	23

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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
S Metrocom, LLC	63790
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     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
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessment
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment

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