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						
DATE RECEIVED	AMOUNT					
2/23/2023	\$					
	ALLOCATION NUMBER					

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

Α	400	OUNTING REDIOD COVERED BY THIS STATEMENT. (VVVV//Revied))						
	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		2022/02 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		20222 Barcode Data Filing Period (optional - see instructions)						
Accounting 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		List any other name or names under which the owner conducts the business of the cable system.						
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		TDS Metrocom, LLC						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		525 Junction Road (Number, street, rural route, apartment, or 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 unless these is 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		IDENTIFICATION OF CABLE SYSTEM:						
	1	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.

Accounting Period:	2022/02	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	TDS Metrocom, LLC	63844
<b>D</b> Area	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated community unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile horeits.	nities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first
Served	city.	
Final	CITY OR TOWN Necedah	STATE WI
First Community	Necedan	VI
Add Rows as Necessary		

Accounting Period: 2022/02

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**TDS Metrocom, LLC** 

SYSTEM ID# 63844

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLOCK 1			BLOCK 2		
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	118	\$25/mo			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential	118	\$6/Mo.			
Non-residential					

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, 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.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$8.00-\$15.00	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial	\$0 - \$50.00		
<ul> <li>Fire protection</li> </ul>		Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	\$0-\$50.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	\$0-\$50.00	Other services:			
• FM radio (if separate rate)		Reconnect	\$0-\$25.00		
Converter		Disconnect			
		Outlet relocation	19.98-39.96		
		Move to new address			

Accounting Period: 2022/02 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

TDS Metrocom, LLC

63844

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial 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.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAOW	9.1	N	Wausau, WI
WAOW-DT2	9.2	N-M	Wausau, WI
WAOW-DT3	9.3	N-M	Wausau, WI
WAOW-DT4	9.4	N-M	Wausau, WI
WAOW-DT5	9.5	N-M	Wausau, WI
WHRM	20.1	Е	Wausau, WI
WHRM-DT2	20.2	E-M	Wausau, WI
WHRM-DT3	20.3	E-M	Wausau, WI
WHRM-DT4	20.4	E-M	Wausau, WI
WSAW	7.1	N	Wausau, WI
WSAW-DT2	7.2	N-M	Wausau, WI
WSAW-DT3	7.3	N-M	Wausau, WI
WSAW-DT4	7.4	N-M	Wausau, WI
WSAW-DT5	7.5	N-M	Wausau, WI
WSAW-DT6	7.6	N-M	Wausau, WI
WTPX	46.1	1	Antigo, WI
WJFW	12.1	N	Rhinelander, WI
WJFW-DT2	12.2	N-M	Rhinelander, WI
WJFW-DT3	12.3	N-M	Rhinelander, WI

Accounting Period	l: 2022/02			FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#				
Name	TDS Metrocom, LLC	63844						
	PRIMARY TRANSMITTERS:	TELEVISION						
G		entify every television station (including m during the accounting period, except						
•		in effect on June 24, 1981, permitting the	• •					
Primary		e)(2) and (4), or 76.63 (referring to 76.6	i1(e)(2) and (4))]; and (2) certain statio	ns carried on a				
Transmitters: Television		as explained in the next paragraph. s: With respect to any distant stations c	arried by your cable system on a subst	itute program				
relevision		ules, regulations, or authorizations:	arried by your cable system on a subst	nute program				
		e in space G—but do list it in space I (tl	ne Special Statement and Program Lo	g)—if the				
	station was carried only or							
		also in space I, if the station was carried on concerning substitute basis stations,						
	multicast stream associate	<b>Column 1:</b> List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream						
	"WETA-2" as the same on the form.							
		Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community						
	of license. For example, WRC is channel 4 in Washington, D.C.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial							
		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. <b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the							
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
	1 00.1 of Mexical of Calle	dian stations, it arry, give the name of the	the community with which the station is	identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Metrocom, LLC 63844

#### PRIMARY TRANSMITTERS: RADIO

paper SA1-2 form.

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION W/A SIGN SIGN SIGN SIGN SIGN SIGN SIGN SIGN

U.S. Copyright Office

Accounting Perio	d· 2022/02						FOR	M SA1-2E. PAGE 5.
Accounting reno	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				1010	SYSTEM ID#
Name	TDS Metrocom, LLC							63844
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOG				
I	In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or	authorizations	. For a further
Substitute	explanation of the programm				e general instr	uctions in	the paper SA1	I-2 form.
Carriage: Special	1. SPECIAL STATEMENT	_						
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progra							
Program Log	broadcast by a distant sta						YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you mı	ust compl	ete the progra	am
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subs			ite line. Use abbreviations	wherever nos	ssible if th	neir meaning i	is
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 given the case of Maxican or Car Column 5: Give the mor first.	of every nor distant stati gulations, or ies like "mor Bulls." n was broad sign of the s adcast statio hadian statio tht and day ve "5/7." es when the	nnetwork televion and that your authorizations vies" or "baske deast live, entestation broadcash's location (thens, if any, the when your systematical substitute pro	ision program ("substitute our cable system substitute s. See page (v) of the genetball." List specific program "Yes." Otherwise enter "Nating the substitute programe community to which the community with which the tem carried the substitute orgram was carried by your	d for the progeral instruction titles, for ex No." am. station is lice station is idel program. Use cable system	gramming ns for furt ample, "I ensed by the numeral and a List the formal and a list the list the formal and a list the formal and a	of another stather informatic Love Lucy" or the FCC or, in s, with the mo	ation on. r
	to delete under FCC rules a was substituted for progran effect on October 19, 1976	as permitted to delete unde	er FCC rules a	tter "P" if t and regula	the listed prog ations in TITUTE			
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH		CURRED TIMES	DELETION
	1. TITLE OF FROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> </u> то	
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1-2E. PAGE
YSTEM ID
<b>3,429.85</b> sss receipts)
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0.00
52.00
0.00
67.00
n.

Accounting Period:	2022/02	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SYSTEM ID# 63844
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadca to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	19 153
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted for Further Information	Name Mitchell Maier	Telephone (608) 886-8210
	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number)	
	Madison, WI 53593 (City, town, state, zip)	
	Email Finance@tdstelecom.com Fax (optional	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office re	gulations)
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line	of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership; or	the cable system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ident in line 1 of space B.	ified as owner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contai 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)]	ned herein
	X /s/ Sharon V. Tisdale	
	Enter an electronic signature on the line above to certify this statemen Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ot.
	Typed or printed name: Sharon V. Tisdale	
	Title: Assistant Treasurer (Title of official position held in corporation or partnership)	
	Date: February 17, 20	)23

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counting Period: 2022/02	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
S Metrocom, LLC	63844
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address  Name Mailing Address	_
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	-
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	_
(interest charge)  * To view the interest rate chart click on <a href="mailto:www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served  Accounting period	

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