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.

8/17/2023

DATE RECEIVED

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

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AMOUNT

ALLOCATION NUMBER

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

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2023/01 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20231 Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		TDS Metrocom, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 525 Junction Road
		(Number, street, rural route, apartment, or 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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)
Drivaou Act Notic	o: Cooti-	n 111 of title 17 of the United States Code authorizes the Convright Offen to collect the personally identifying information (DII) requested on this
FILVACY ACT NOTIC	e. Secuo	n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 suffciency of the fling, a determination that would be made by a court of law.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	TDS Metrocom, LLC	6379
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, identified sity.	porated communities within unincorporated areas and including single that you list will serve as a form of system identification hereafter kno e filings.
Served	identified city.	
	CITY OR TOWN	STATE
First	McFarland	WI
Community		
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF O	ABLE SYSTEM						FORM SA1	TEM I
Name	TDS Metrocom, LLC							010	637
Е	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of	the cable	
—	system, that is, the retransmissi	•		0					
Secondary	about other services (including				•		those exis	sting on the	
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot						able syster	n broken	
scribers and	down by categories of secondar	•					•		
Rates	each category by counting the r		-	•••		•	-	s charged	
	separately for the particular service Rate: Give the standard rate of					-	,	rge and the	
	unit in which it is generally billed	-						-	
	category, but do not include dise	counts allowed	for adv	, ance payment.	-				
	Block 1: In the left-hand block	•		0					
	systems most commonly provid that applies to your system. Not								
	categories, that person or entity	should be cou	nted as	s a subscriber i	n each app	licable categor	y. Example	e: a residential	
	subscriber who pays extra for ca					d in the count u	nder "Serv	rice to the	
	first set" and would be counted Block 2: If your cable system	•			• • •	service that ar	e different	from those	
	printed in block 1 (for example,	•		•					
	with the number of subscribers	and rates, in th	e right-	hand block. A t	wo- or thre	e-word descrip	tion of the	service is	
	sufficient.	OCK 1					BLOC	< 2	
		NO. OF					DLOOI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CATE	GORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:		075	*05 /					
	Service to first set		675	\$25/mo					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		9	\$64/mo					
	Converter								
	Residential		675	\$8/Mo.					
	 Non-residential 								
	SERVICES OTHER THAN SEC				e				
_	In General: Space F calls for ra					ll your cable sy	stem's sei	vices that were	
F	not covered in space E, that is,	those services	that ar	e not offered in	combinati	on with any sec	ondary tra	Insmission	
Services	service for a single fee. There a furnished at cost or (2) services				•		• •	,	
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the	rate column.				-			
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	Block 2: List any services that 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.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	\$8.00-\$15.00		otel, hotel		* ~ * ~ ~ ~			
	 Pay cable—add'l channel Fire protection 			ommercial ly cable		\$0 - \$50.00			
	Pire protection Burglar protection			iy cable iy cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	\$0-\$50.00		rglar protection					
	 Additional set(s) 	••••••		services:					
	• FM radio (if separate rate)		• Re	econnect		\$0-\$25.00			
	Converter		• Dis	sconnect					
			• Ou	itlet relocation		19.98-39.96			

ame	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEN						
Ime	TDS Metrocom, LLC 6379									
	PRIMARY TRANSMITTERS: TELEVISION									
G	-	n General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections									
rimary smitters: levision		(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain s	stations carried on a						
	Substitute Basis Stations	s: With respect to any distant stations ca rules, regulations, or authorizations:	arried by your cable system on a s	substitute program						
	• Do not list the station he	ere in space G—but do list it in space I (tl	he Special Statement and Progra	m Log)—if the						
	 station was carried only or List the station here, and 	n a substitute basis. I also in space I, if the station was carrie	d both on a substitute basis and a	also on some other						
	basis. For further informati	ion concerning substitute basis stations,	, see page (ν) of the general instru	uctions.						
	multicast stream associate	on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	-	-						
	"WETA-2" as the same on Column 2 : Give the chann	n the form. nel number the FCC assigned to the tele	evision station for broadcasting ov	er the air in its community						
	of license. For example, V	NRC is channel 4 in Washington, D.C.	-	-						
		ch case whether the station is a network s tering the letter "N" (for network), "N-M" (•							
	(for independent multicast	;), "E" (for noncommercial educational), o terms, see page (iv) of the general instru	or "E-M" (for noncommercial educ							
	Column 4: Give the location	on of each station. For U.S. stations, list	t the community to which the station	-						
	FCC. For Mexican or Cana	adian stations, if any, give the name of the time of the stations of the station	he community with which the stati	ion is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	WKOW	27.1	N	Madison, WI						
	WKOW-DT2	27.2	N-M	Madison, WI						
ows as Necessary		272								
as Necessary	WKOW-DT3	27.3	N-M	Madison, WI						
as Necessary	WKOW-DT4	27.4	N-M	Madison, WI						
as Necessary	WKOW-DT4 WKOW-DT5	27.4 27.5	N-M N-M	Madison, WI Madison, WI						
as Necessary	WKOW-DT4 WKOW-DT5 WISC	27.4 27.5 3.1	N-M N-M N	Madison, WI Madison, WI Madison, WI						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2	27.4 27.5 3.1 3.2	N-M N-M N N-M	Madison, WI Madison, WI Madison, WI Madison, WI						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3	27.4 27.5 3.1 3.2 3.3	N-M N-M N N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2	27.4 27.5 3.1 3.2	N-M N-M N N-M	Madison, WI Madison, WI Madison, WI Madison, WI						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3	27.4 27.5 3.1 3.2 3.3	N-M N-M N N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN	27.4 27.5 3.1 3.2 3.3 47.1	N-M N-M N-M N-M N	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2	27.4 27.5 3.1 3.2 3.3 47.1 47.2	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						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3	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						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT2 WMSN-DT3 WMSN-DT4	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4	N-M 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						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4 15.1	N-M N-M N-M 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						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT3 WMSN-DT4 WMSN-DT4 WMTV WMTV-DT2	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2	N-M N-M 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 Madison, WI						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT2	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT4 WMSN-DT4 WMTV-DT2 WMTV-DT2 WMTV-DT3 WMTV-DT3	27.4 27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT4 WMSN-DT4 WMTV-DT2 WMTV-DT2 WMTV-DT3 WMTV-DT3	27.4 27.5 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-M N-M	Madison, WI Madison, WI						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT3 WMSN-DT4 WMTV-DT4 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6	27.4 27.5 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-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT3 WMSN-DT4 WMTV-DT4 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA	27.4 27.5 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-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WIMadison, WI						
as Necessary	WKOW-DT4 WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT3 WMSN-DT4 WMTV-DT4 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA WHA-DT2	27.4 27.5 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-M N-M N N-M N-M N-M N-M N-M N-M N-M N-	Madison, WIMadison, WI						

ounting Period:	-			0/07514			
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM			
	TDS Metrocom, LLC			637			
	PRIMARY TRANSMITTERS:	TELEVISION					
	In General: In space G, id	entify every television station (including	g translator stations and low power tele	evision stations)			
G	-		ot (1) stations carried only on a part-tin				
	FCC rules and regulations	in effect on June 24, 1981, permitting	the carriage of certain network program	ms [sections			
Primary			61(e)(2) and (4))]; and (2) certain station	ons carried on a			
ransmitters:		as explained in the next paragraph.					
Television			carried by your cable system on a subs	stitute program			
		ules, regulations, or authorizations: re in space G—but do list it in space L	(the Special Statement and Program L	oa)—if the			
	station was carried <i>only</i> or						
			ed both on a substitute basis and also	on some other			
		•	s, see page (v) of the general instruction				
			program services such as HBO, ESPN				
			ne-air designation. For example, repor	t multistream			
	"WETA-2" as the same on			1			
		-	levision station for broadcasting over the	ne air in its community			
		VRC is channel 4 in Washington, D.C.	station an independent station or a	noncommercial			
	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 noncommercial educational), or "E-M" (for noncommercial educational multicast).						
	(for independent multicast)	, "E" (for noncommercial educational),	or "E-M" (for noncommercial education				
	(for independent multicast) For the meaning of these to Column 4: Give the location	n, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis	or "E-M" (for noncommercial education	nal multicast). s licensed by the			
	(for independent multicast) For the meaning of these to Column 4: Give the location	n, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is	nal multicast). s licensed by the			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			
	(for independent multicast) For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, lis idian stations, if any, give the name of	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station is the community with which the station is	nal multicast). s licensed by the s identified.			

EGAL NAME OF		CABLE S	YSTEM:					SYSTEM I 637
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
The ceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation abou rm. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be rece ut the Co l sign of the static tion's sig g a chec n's locati	I-Band FM Carriage: Under O stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	at the system's he system's FM ant this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during o age (v) of the g system as a s sed by the FC	2) it can certain s general eparate	be expected, tated intervals. instructions in the. 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	
		5,5		5. 12 51514		5,6		
N/A								
								

Accounting Perio	od: 2023/01 LEGAL NAME OF OWNER OF							CVOTENI P		
Name	TDS Metrocom, LLC	- CABLE SYS						SYSTEM ID 6379		
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G					
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting pe	eriod, under sp	ecific present and former F	CC rules, regu	ulations, or	authorizatio	ns. For a further		
Substitute Carriage:		-			ie general ma			AT-2 10m.		
Special	1. SPECIAL STATEMEN									
Statement and		-	ir cable system	i carry, on a substitute ba	isis, any nonn					
Program Log	broadcast by a distant sta	ation?				l	YES	X NO		
	Note: If your answer is "No	o", leave the	rest of this pa	ge blank. If your answer i	s "Yes," you r	nust comp	lete the pro	gram		
	log in block 2.									
	2. LOG OF SUBSTITUTE	E PROGRA	MS							
	In General: List each subs				s wherever p	ossible, if t	heir meanir	ng is		
	clear. If you need more spa				o io no ano no "\\ ti	hat during	the economy	ting		
	period, was broadcast by a	•		/ision program ("substitut our cable system substitut	,	•		•		
	under certain FCC rules, re		•			•	•			
	Do not use general categor	ries like "mo								
	"NBA Basketball: 76ers vs.			«	« .					
				er "Yes." Otherwise enter asting the substitute prog						
				he community to which th		censed by	the FCC or	, in		
	the case of Mexican or Car							,		
		•	when your sys	stem carried the substitute	e program. Us	se numera	ls, with the	month		
	first. Example: for May 7 giv						<i>4</i>			
		Column 6: State the times when the substitute program was carried by your cable system. List the times accurately								
	to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be									
			a program carr	ied by a system from 6:0	1:15 p.m. to 6	.20.00 p.m				
	stated as "6:00–6:30 p.m."			ied by a system from 6:0 n was substituted for prog	·	·	em was <i>req</i>	uired		
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ter "R" if the and regulatio	listed progran ons in effect d	n was substituted for prog uring the accounting perio	ramming that od; enter the l	t your syste etter "P" if	the listed p			
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the and regulation mming that y	listed progran ons in effect d	n was substituted for prog uring the accounting perio	ramming that od; enter the l	t your syste etter "P" if	the listed p			
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ter "R" if the and regulation mming that y	listed progran ons in effect d	n was substituted for prog uring the accounting perio	ramming that od; enter the l	t your syste etter "P" if	the listed p			
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y	listed progran ons in effect d /our system w	n was substituted for prog uring the accounting perio as permitted to delete uno	ramming that od; enter the l der FCC rules	t your syste etter "P" if	the listed plations in	rogram		
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y	listed progran ons in effect d	n was substituted for prog uring the accounting perio as permitted to delete uno	ramming that od; enter the l der FCC rules WHE CARRI	t your syste etter "P" if and regul N SUBST AGE OCC	the listed plations in	7. REASON FO		
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5.	listed progran ons in effect d /our system w	n was substituted for prog uring the accounting perio as permitted to delete uno	ramming that od; enter the l der FCC rules WHE	t your syste etter "P" if and regul N SUBST AGE OCC	the listed plations in	rogram		
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976 S 1. TITLE OF PROGRAM	ter "R" if the and regulation mming that y b. UBSTITUTI 2. LIVE?	listed progran ons in effect d our system w E PROGRAM 3. STATION'S	n was substituted for prog uring the accounting perio as permitted to delete uno	ramming that od; enter the l der FCC rules WHE CARRI 5. MONTH	t your syste etter "P" if and regul N SUBST AGE OCC	the listed plations in TTUTE CURRED TIMES	7. REASON FO		
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y b. UBSTITUTI 2. LIVE?	listed progran ons in effect d our system w E PROGRAM 3. STATION'S	n was substituted for prog uring the accounting perio as permitted to delete uno	ramming that od; enter the l der FCC rules WHE CARRI 5. MONTH	t your syste etter "P" if and regul N SUBST AGE OCC	the listed plations in TTUTE CURRED TIMES	7. REASON F		
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC		S	YSTEM II 6379
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how page (vii) of the general instructions located in the paper SA1-2 form.	secondary trans	mission service	
	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.		\$ 15 (Amount of gr	7,044.83
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 to use block 3 if the amount of gross receipts in space K is more than \$263,800 but less to See page (vi) of the general instructions located in the paper SA1-2 form for more informatio 	than \$527,600		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	you must pay fo	r this six-month	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but n			
	1. Base amount under statutory formula \$	263,800.00	,	
	2. Enter amount of gross receipts from space K	157,044.83	_	
	3. Subtract line 2 from line 1	106,755.17	_	
		·	_ 157,044.83	
	4. Enter the amount of gross receipts from space K		· · ·	
	5. Enter the amount from line 3		106,755.17	
	6. Subtract line 5 from line 4		50,289.66 ¢	251.45
	 7. Multiply line 6 by .005 (enter figure here)			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			251.45
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	t less than \$52	7,600)	
	1. Enter the emount of groce requirts from anone K			
	1. Enter the amount of gross receipts from space K		_	
	2. Base amount under statutory formula	·	_	
	3. Subtract line 2 from line 1		_	
	4. Multiply line 3 by .01		1,319.00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		0.00	
	 6. Interest charge. Enter the amount from line 4, space Q, page 8			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	251.45	
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		\$	271.45
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment payal			

Accounting Period:	2023/01		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C TDS Metrocom	DWNER OF CABLE SYSTEM: n, LLC	SYSTEM ID# 63795
M Channels		ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	
		I number of channels on which the cable television broadcast stations	23
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	55
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
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) Finance@tdstelecom.com Fax (optional)	
O Certification	I, the undersigned (Owne (Agent in li X (Office in li I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified line 1 of space B and that the owner is not a corporation or partnership; or ther or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable syste line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein re, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	≥m

X /s/ Sharon V. Tisdale
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed name: Sharon V. Tisdale
Title: Assistant Treasurer (Title of official position held in corporation or partnership)
Date: August 11, 2023

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.

ounting Period:		FORM SA1-2E. PAGE 8
AL NAME OF OW	NER OF CABLE SYSTEM:	
S Metrocom,	LLC	6379
The Satellite H lowing sentend "In dete service scribers For more inform located in the p During the accomade by satell X NO	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS lome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub is and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form. counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners?	Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
INTEREST	ASSESSMENT	
	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment ation 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	Interest Assessmen
	x	
Line 2 Multipl	ly line 1 by the interest rate* and enter the sum here	-
	x da	ays
Line 3 Multin	ly line 2 by the number of days late and enter the sum here	_
	x 0.00274	
•	ly line 3 by 0.00274** and enter here te L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
·	(interest charge)	
	he interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please he Licensing Division at (202) 707-8150 or licensing@copyright.gov.)
** This is th	ne decimal equivalent of 1/365, which is the interest assessment for one day late.	
	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please owner, address, first community served, ID number, and accounting period as given in the original filing.	3
Owner Address		
Address		

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