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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	-
	ems (Short Form)	DATE RECEIVED		coplicsoa@copyright.gov
Ē	uctions are located		\$	For additional information, contact the U.S. Copyright
	of this workbook	8/17/2023	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
			ALLOCATION NOMBER	-
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYYY/(Period))	
		Т		
	2023/01	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2023	1 Barcode Data Filing Period (optiona	II - see instructions)	
Accounting				
Period				
	Instructions:			
В	Give the full legal name of the owner of title of the subsidiary, not that of the pa		osidiary of another corporation, give the full	corporate
Owner			f the coble system	
Owner	List any other name or names under wh			
	If there were different owners during th single statement of account and royalty		n the last day of the accounting period shou unting period.	ld submit a
	Check here if this is the system's first fil			63819
	check here it this is the system's hist hi	ing. If not, enter the system s ib numbe		
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	Λ	
	TDS Metrocom, LLC			
	BUSINESS NAME(S) OF OWNER O	OF CABLE SYSTEM (IF DIFFEREN	T)	
		Υ.	,	
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	525 Junction Road			
	(Number, street, rural route, apartment, or suite Madison, WI 53717	number)		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bus			
-	names already appear in space B. In line	e 2, give the mailing address of the	ne system, if different from the addres	ss given in space B.
System	1 1 TDS Telecom, Inc.			
	MAILING ADDRESS OF CABLE SYSTEM	М:		
	2 (Number, street, rural route, apartment, or suite	number)		
	(City, town, state, zip code)			
Privacy Act Notic	e: Section 111 of title 17 of the United States Code a	authorizes the Copyright Offce to collect t	he personally identifying information (PII) reque	ested on this

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	TDS Metrocom, LLC	638
D Area	Instructions: List each separate community served by the cable system. A "con- "a separate and distinct community or municipal entity (including unincorpora- discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin Note: Entities and properties such as hotels, apartments, condominiums, or m	ated communities within unincorporated areas and including single t you list will serve as a form of system identification hereafter kno ngs.
Served	identified city.	
First	CITY OR TOWN Stevens Point	STATE WI
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF O	ABLE SYSTEM						FORM SA1	
Name	TDS Metrocom, LLC		•					010	638
Е	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of	the cable	
	system, that is, the retransmissi	•		•		•			
Secondary	about other services (including	•••			•		those exis	sting on the	
Transmission	last day of the accounting period Number of Subscribers: Bot						blo ovotor	n brokon	
Service: Sub- scribers and	down by categories of secondar						•		
Rates	each category by counting the r	•		•		•			
	separately for the particular service					-	,	una and the	
	Rate: Give the standard rate of unit in which it is generally billed	-						-	
	category, but do not include dise	· ·		,	•				
	Block 1: In the left-hand block	•		•					
	systems most commonly provid that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the	
	first set" and would be counted Block 2: If your cable system	•			• • •	service that ar	o difforent	from those	
	printed in block 1 (for example,	•		•					
	with the number of subscribers					•		•	
	sufficient.	OCK 1					BLOCK	()	
		NO. OF					BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEE	RVICE	SUBSCRIBERS	RA
	Residential:		700	*•••					
	Service to first set		790	\$25/mo					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial		8	\$64/mo					
	Converter		Ŭ	~~					
	Residential		790	\$8/Mo.					
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					all vour cable sv	stem's ser	vices that were	
F	not covered in space E, that is,	•			•	• •			
. .	service for a single fee. There a				•		• •		
Services Other Than	furnished at cost or (2) services amount of the charge and the u								
Secondary	enter only the letters "PP" in the		Juouun	y billed. If dify i				brogram babilo,	
ransmissions:	Block 1: Give the standard ra			•					
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 the brief (two- or three-word) description and include the rate for each.							le lorni or a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	\$8.00-\$15.00	• Mo	otel, hotel					
	 Pay cable—add'l channel 		4	ommercial		\$0 - \$50.00			
	Fire protection			y cable	_				
	•Burglar protection			y cable-add'l cl	nannel				
	Installation: Residential	¢0, ¢50,00		e protection					
	First set	\$0-\$50.00 \$0.\$50.00	1	rglar protection					
	 Additional set(s) FM radio (if separate rate) 	\$0-\$50.00	1	services: econnect		\$0-\$25.00			
	• Converter		4	sconnect		ψυ-ψ23.00			
			1	Itlet relocation		19.98-39.96			
			_	ove to new add	ess				

	LEGAL NAME OF OWNER C	JF CABLE SYSTEM:		SYSTEM
Name	TDS Metrocom, LLC			63
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Television	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station he station was carried only of • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ent (for independent multicast For the meaning of these for Column 4: Give the location	dentify every television station (including tem during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting to (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. is: With respect to any distant stations corrules, regulations, or authorizations: ere in space G—but do list it in space I (to on a substitute basis. d also in space I, if the station was carried tion concerning substitute basis stations on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the n the form. nel number the FCC assigned to the tele WRC is channel 4 in Washington, D.C. ch case whether the station is a network tering the letter "N" (for network), "N-M" t), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- ion of each station. For U.S. stations, lis	t (1) stations carried only on a part the carriage of certain network prop 61(e)(2) and (4))]; and (2) certain s carried by your cable system on a s the Special Statement and Program ed both on a substitute basis and a s, see page (v) of the general instru- program services such as HBO, Es evision station for broadcasting over station, an independent station, of (for network multicast), "I" (for independent or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form.	rt-time basis under grams [sections stations carried on a substitute program m Log)—if the also on some other uctions. SPN, etc. Identify each eport multistream ver the air in its community or a noncommercial ependent), "I-M" vational multicast).
	FCC. For Mexican or Cana	adian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	the community with which the station 3. TYPE OF STATION	ion is identified. 4. LOCATION OF STATION
	WAOW	9.1	N	Wausau, WI
	WAOW-DT2	9.2	N-M	Wausau, WI
Rows as Necessary	WAOW-DT4	9.4	N-M	Wausau, WI
Rows as Necessary				
	WAOW-DT5	9.5	N-M	Wausau, WI
,	WAOW-DT5 WHRM	9.5 20.1	N-M E	
,				Wausau, WI
,	WHRM	20.1	Е	Wausau, WI Wausau, WI
,	WHRM WHRM-DT2	20.1 20.2	E E-M	Wausau, WI Wausau, WI Wausau, WI
,	WHRM WHRM-DT2 WHRM-DT3	20.1 20.2 20.3	E E-M E-M	Wausau, WI Wausau, WI Wausau, WI Wausau, WI
	WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4	20.1 20.2 20.3 20.4	E E-M E-M E-M	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Wausau, WI
	WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW	20.1 20.2 20.3 20.4 7.1	E E-M E-M E-M N	Wausau, WI Wausau, WI Wausau, WI Wausau, WI Wausau, WI Wausau, WI
	WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2	20.1 20.2 20.3 20.4 7.1 7.2	E E-M E-M E-M N N-M	Wausau, WI
	WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3	20.1 20.2 20.3 20.4 7.1 7.2 7.3	E E-M E-M E-M N N-M N-M	Wausau, WI
	WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4	20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4	E E-M E-M E-M N N-M N-M N-M	Wausau, WI
	WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5	20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4 7.5	E E-M E-M E-M N N-M N-M N-M N-M N-M	Wausau, WI
	WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT6	20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4 7.5 7.6	E E-M E-M E-M N N-M N-M N-M N-M N-M	Wausau, WI
	WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT2 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT6 WTPX	20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4 7.5 7.6 46.1	E E-M E-M E-M N M N-M N-M N-M N-M N-M I	Wausau, WI Wausau, WI
	WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT5 WSAW-DT6 WTPX WJFW	20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4 7.5 7.6 46.1 12.1	E E-M E-M E-M N M N-M N-M N-M N-M N-M N-M N-M	Wausau, WI Rhinelander, WI
	WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT5 WSAW-DT6 WTPX WJFW WJFW-DT2	20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4 7.5 7.6 46.1 12.1 12.2	E E-M E-M E-M N M N-M N-M N-M N-M N-M N-M	Wausau, WI Rhinelander, WI Rhinelander, WI
	WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT5 WSAW-DT6 WTPX WJFW WJFW-DT2	20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4 7.5 7.6 46.1 12.1 12.2	E E-M E-M E-M N M N-M N-M N-M N-M N-M N-M	Wausau, WI Rhinelander, WI Rhinelander, WI
	WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT5 WSAW-DT6 WTPX WJFW WJFW-DT2	20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4 7.5 7.6 46.1 12.1 12.2	E E-M E-M E-M N M N-M N-M N-M N-M N-M N-M	Wausau, WI Rhinelander, WI Rhinelander, WI
	WHRM WHRM-DT2 WHRM-DT3 WHRM-DT4 WSAW WSAW-DT4 WSAW-DT2 WSAW-DT3 WSAW-DT4 WSAW-DT5 WSAW-DT5 WSAW-DT6 WTPX WJFW WJFW-DT2	20.1 20.2 20.3 20.4 7.1 7.2 7.3 7.4 7.5 7.6 46.1 12.1 12.2	E E-M E-M E-M N M N-M N-M N-M N-M N-M N-M	Wausau, WI Rhinelander, WI Rhinelander, WI

	: 2023/01			FORM SA1-2E. PA						
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEM						
Hamo	TDS Metrocom, LLC			638						
	PRIMARY TRANSMITTERS:	TELEVISION								
-	In General: In space G. id	lentify every television station (includin	g translator stations and low power te	levision stations)						
G		em during the accounting period, <i>excep</i>	-							
		in effect on June 24, 1981, permitting								
Primary	-	(e)(2) and (4), or 76.63 (referring to 76.	•	-						
ransmitters:		as explained in the next paragraph.								
Television		s: With respect to any distant stations	carried by your cable system on a sub	ostitute program						
		ules, regulations, or authorizations: re in space G—but do list it in space I	(the Special Statement and Program	log) if the						
	station was carried only of		(the Special Statement and Program)	Log)—II the						
		also in space I, if the station was carri	ed both on a substitute basis and also	o on some other						
		ion concerning substitute basis station								
		on's call sign. <i>Do not</i> report origination								
	multicast stream associate	ed with a station according to its over-tl	ne-air designation. For example, repo	ort multistream						
		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 optoring the latter "N" (for network) "N M" (for network) will for independent). "I M"									
	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 Cana	adian stations, if any, give the name of	the community with which the station	-						
	FCC. For Mexican or Cana	adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER	the community with which the station 3. TYPE OF STATION	•						
			-	is identified.						
			-	is identified.						
			-	is identified.						
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			-	is identified.						

TDS Metroco	F OWNER OF O							SYSTEM I 638
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
Teceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to prmation abou rm. lentify the call tate whether t the radio stat this by placing sive the station	y the sys be rece at 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	it the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during o ge (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	
	7 107 01 1 101	0,0				0,0		
N/A								
						· -		
		1						
							·	
						·		

Accounting Perio	LEGAL NAME OF OWNER OF							ever-main-
Name	TDS Metrocom, LLC	- CABLE SYS						SYSTEM ID: 63819
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G			
Substitute	In General: In space I, ident <i>substitute basis</i> 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
Carriage:	1. SPECIAL STATEMEN	-			ne general me			
Special	During the accounting per				sis any nonr	otwork tol	avision proc	nam
Statement and	broadcast by a distant sta	-		roarry, on a substitute be	loio, arry norm			
Program Log							YES	× 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 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. Column 2: If the program Column 3: Give the call Column 3: Give the call Column 5: Give the broat the case of Mexican or Car Column 5: Give the more first. Example: for May 7 give Column 6: State the time to the nearest five minutes.	stitute progra ace, please a of every nor distant stati egulations, o ries like "mo . Bulls." m was broad sign of the s adcast statio nadian statio nth and day ive "5/7."	am on a separa add additional nnetwork telev ion and that yo or authorization vies" or "bask dcast live, ente station broadc on's location (to ons, if any, the when your sys	rows to the tables. vision program ("substitut our cable system substitut ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter asting the substitute prog he community to which th community with which th stem carried the substitut	e program") the ted for the pro- eneral instruct am titles, for e "No." ram. he station is lide e station is ide e program. Us in cable system	hat, during ogramming ions for fur example, "I censed by entified). se numera m. List the	the account of another ther informat Love Lucy' the FCC or ls, with the times accu	iting station ation. " or , in month rately
	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	uring the accounting perio	od; enter the l	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	uring the accounting periods as permitted to delete uno	d; enter the l der FCC rules	etter "P" if s and regul	the listed prations 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 b. UBSTITUTI 2. LIVE?	listed progran ons in effect d our system w E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete uno	WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed prations in	
	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	uring the accounting periods as permitted to delete uno	d; enter the l der FCC rules WHE CARRI	etter "P" if and regul	the listed prations 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 b. UBSTITUTI 2. LIVE?	listed progran ons in effect d our system w E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete uno	WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed prations 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 b. UBSTITUTI 2. LIVE?	listed progran ons in effect d our system w E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete uno	WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed prations 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 b. UBSTITUTI 2. LIVE?	listed progran ons in effect d our system w E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete uno	WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed prations 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 b. UBSTITUTI 2. LIVE?	listed progran ons in effect d our system w E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete uno	WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed prations 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 b. UBSTITUTI 2. LIVE?	listed progran ons in effect d our system w E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete uno	WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed prations 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 b. UBSTITUTI 2. LIVE?	listed progran ons in effect d our system w E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete uno	WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed prations 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 b. UBSTITUTI 2. LIVE?	listed progran ons in effect d our system w E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete uno	WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed prations 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 b. UBSTITUTI 2. LIVE?	listed progran ons in effect d our system w E PROGRAM 3. STATION'S	uring the accounting periods as permitted to delete uno	WHE CARRI 5. MONTH	etter "P" if and regul N SUBST AGE OCC	the listed prations in	7. REASON FO
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC		S	YSTEM ID 6381
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's so (as identified in space E) during the accounting period. For a further explanation of how to page (vii) of the general instructions located in the paper SA1-2 form.	econdary trans	mission service	
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period		\$ 15. (Amount of gro	5,157.88
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 th Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	an \$527,600		iss receipts)
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00	ou must pay foi	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 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo			
	1. Base amount under statutory formula \$	263,800.00	•	
		·	-	
	2. Enter amount of gross receipts from space K	155,157.88	_	
	3. Subtract line 2 from line 1	108,642.12	-	
	4. Enter the amount of gross receipts from space K		155,157.88	
	5. Enter the amount from line 3		108,642.12	
	6. Subtract line 5 from line 4		46,515.76	
	7. Multiply line 6 by .005 (enter figure here)			232.58
	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		\$	232.58
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$52	7,600)	
	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	
		Ψ	0.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	232.58	
otal Remittance 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		\$	252.58
	EFT Trace # or TRANSACTION ID #			
	Important: Your remittance must be in the form of an electronic payment payable	e to the Registe	er of Copyrights.	

Accounting Period:	2023/01		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C TDS Metrocom	DWNER OF CABLE SYSTEM: n, LLC	SYSTEM ID: 63819
M Channels	to its subscribers 1. Enter the total	bu 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	18
	2. Enter the total on which the ca	I number of activated channels able system carried television broadcast stations cast services	154
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) 88	6-8210
	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 id ine 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cab ine 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	

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.

AL NAME OF OV	2023/01	FORM SA1-2E. PAGE 8
	VNER OF CABLE SYSTEM:	SYSTEM ID#
S Metrocom	, LLC	63819
The Satellite I lowing senten "In det service scriber For more info located in the During the ac made by sate	STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Home 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 e of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- ers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." rmation 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 lilite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
INTEREST	ASSESSMENT	
	nplete 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.	Q
Line 1 Enter	the amount of late payment or underpayment	Interest Assessment
	x	
Line 2 Multip	ly line 1 by the interest rate* and enter the sum here	_
Line 2 Multir		_
	xdays	-
		-
Line 3 Multip	x days a by line 2 by the number of days late and enter the sum here	-
Line 3 Multip Line 4 Multip in spa * To view	x days aly line 2 by the number of days late and enter the sum here	
Line 3 Multip Line 4 Multip in spa * To view contact	x days a by line 2 by the number of days late and enter the sum here	
Line 3 Multip Line 4 Multip in spa * To view contact ** This is t NOTE: If you	x days a by line 2 by the number of days late and enter the sum here	
Line 3 Multip Line 4 Multip in spa * To view contact ** This is t NOTE: If you	x days x days x 0.00274** and enter here ce L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
Line 3 Multip Line 4 Multip in spa * To view contact f ** This is t NOTE: If you list below the Owner	x days bly line 2 by the number of days late and enter the sum here	
Line 3 Multip Line 4 Multip in spa * To view contact ** This is t NOTE: If you list below the Owner Address	x days by line 2 by the number of days late and enter the sum here	

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