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

\$

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
		20231 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		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)
Privacy Act Notice	e: Sectio	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.

Nonce	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	TDS Metrocom, LLC	6384
	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, o	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter know e filings.
Aroa	identified city.	
	CITY OR TOWN	STATE
First	Rathdrum	ID
Community		
dd Rows as Necessary		
and nows as necessary		

	LEGAL NAME OF OWNER OF O	ABLE SYSTEM						FORM SA1-	TEM ID
Name	TDS Metrocom, LLC		•					010	6384
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissi about other services (including last day of the accounting period Number of Subscribers: Bot down by categories of secondar each category by counting the r	space E should on of televisior bay cable) in sp d (June 30 or E h blocks in spa y transmission	l cover n and ra bace F, Decemb ce E ca service	all categories o adio broadcasts not here. All th per 31, as the c all for the numb e. In general, y	of seconda s by your s ne facts yo ase may b er of subs ou can con	ystem to subscr u state must be e). cribers to the ca npute the numb	ribers. Given those exist able syster er of subs	e information sting on the n, broken cribers in	
	separately for the particular serv <b>Rate:</b> Give the standard rate of unit in which it is generally billed category, but do not include disc <b>Block 1:</b> In the left-hand block systems most commonly provid	vice at the rate charged for eac l. (Example: "\$ counts allowed c in space E, th e to their subso	indicate ch cate 20/mth" for adv e form cribers.	ed—not the nu gory of service '). Summarize vance payment lists the catego Give the numb	mber of se Include be any standa ories of see per of subs	its receiving ser oth the amount and rate variation condary transmi cribers and rate	vice). of the cha ns within a ission serv a for each l	rge and the particular rate rice that cable listed category	
	that applies to your system. <b>Not</b> categories, that person or entity subscriber who pays extra for ca first set" and would be counted of <b>Block 2:</b> If your cable system printed in block 1 (for example, with the number of subscribers a sufficient.	should be cou able service to once again unc has rate categ tiers of service	nted as additior ler "Ser ories fo s that ir	a subscriber i nal sets would vice to addition or secondary tra nclude one or r	n each app be include nal set(s)." ansmissior nore secor	blicable category d in the count u n service that ar ndary transmiss	y. Example nder "Serv e different ions), list t	e: a residential ice to the from those hem, together	
		DCK 1					BLOC	< 2	
		NO. OF		DATE	CAT			NO. OF	БАТ
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	-RS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set		275	\$25/mo					
	• Service to additional set(s)			<b>420</b> /110					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		275	\$8/Mo.					
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ranot covered in space E, that is, service for a single fee. There a furnished at cost or (2) services amount of the charge and the u enter only the letters "PP" in the Block 1: Give the standard ran Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) description	te (not subscri those services re two exceptic or facilities fur nit in which it is rate column. te charged by t your cable sy separate charg	ber) info that aro ons: you nished s usually the cab stem fu ge was	ormation with r e not offered in u do not need t to nonsubscrib y billed. If any r le system for e urnished or offe made or estab	espect to a combinati o give rate ers. Rate i rates are c ach of the red during	on with any sec information cor nformation shou harged on a var applicable serv the accounting	ondary tra ncerning (1 uld include iable per-p ices listed period tha	nsmission I) services both the program basis, t were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SEF ation: Non-res		RATE	CATEG	ORY OF SERVICE	RAT
	Pay cable	\$8.00-\$15.00		otel, hotel	nuentidi				
	• Pay cable—add'l channel			mmercial		\$0 - \$50.00			
	Fire protection		• Pa	y cable					
	•Burglar protection		• Pa	y cable-add'l c	nannel				
	Installation: Residential			e protection					
	• First set	\$0-\$50.00		rglar protectior					
	• Additional set(s)	\$0-\$50.00		services:					
	• FM radio (if separate rate)			connect		\$0-\$25.00			
	• Converter			sconnect		19.98-39.96			
				itiet relocation	-966	13.30-33.30			
					-				

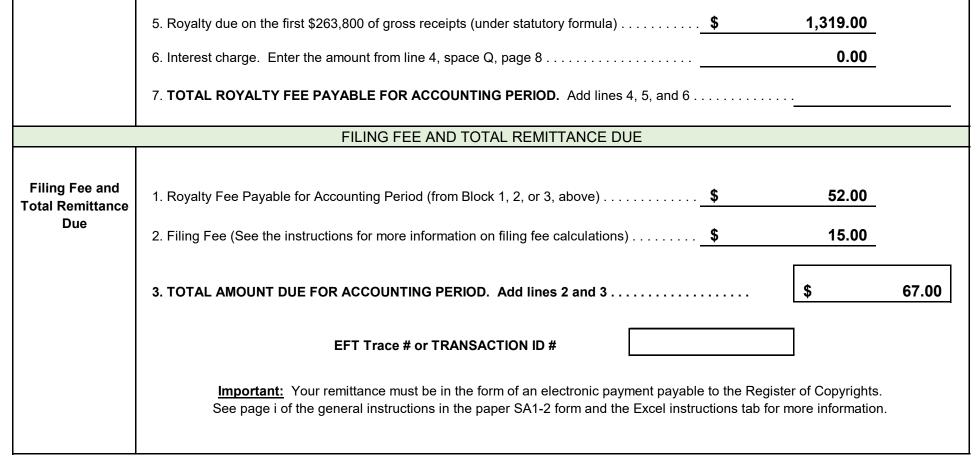
	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE					
Name	TDS Metrocom, LLC			63					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ansmitters: Felevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Station</b> basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and	dentify every television station (including em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. <b>is:</b> With respect to any distant stations can rules, regulations, or authorizations: ever in space G—but do list it in space I (the on a substitute basis. d also in space I, if the station was carried tion concerning substitute basis stations,	(1) stations carried only on a par the carriage of certain network pro (1(e)(2) and (4))]; and (2) certain s arried by your cable system on a he Special Statement and Progra d both on a substitute basis and a	rt-time basis under ograms [sections stations carried on a substitute program am Log)—if the also on some other					
	multicast stream associate "WETA-2" as the same or <b>Column 2:</b> Give the chann of license. For example, N <b>Column 3:</b> Indicate in each educational station, by end (for independent multicast For the meaning of these <b>Column 4:</b> Give the locati	on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the in 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 s tering the letter "N" (for network), "N-M" ( t), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list adian stations, if any, give the name of th	e-air designation. For example, re- evision station for broadcasting ov station, an independent station, o (for network multicast), "I" (for independent or "E-M" (for noncommercial educ uctions in the paper SA1-2 form. t the community to which the stati	eport multistream ver the air in its community or a noncommercial ependent), "I-M" cational multicast). ion is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER       28.1	3. TYPE OF STATION	4. LOCATION OF STATION Spokane, WA					
ows as Necessary	KAYU	28.1	N	Spokane, WA					
ows as Necessary	KAYU KAYU-DT2	28.1 28.2	N N-M	Spokane, WA Spokane, WA					
ows as Necessary	KAYU KAYU-DT2 KCDT	28.1 28.2 26.1	N N-M E	Spokane, WA Spokane, WA Coeur d'Alene, ID					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2	28.1 28.2 26.1 26.2	N N-M E E-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Coeur d'Alene, ID					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3	28.1 28.2 26.1 26.2 26.3	N N-M E E-M E-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4	28.1 28.2 26.1 26.2 26.3 26.4	N N-M E E-M E-M E-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5	28.1 28.2 26.1 26.2 26.3 26.4 26.5	N N-M E E-M E-M E-M E-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5 KHQ	28.1 28.2 26.1 26.2 26.3 26.4 26.5 6.1	N N-M E E-M E-M E-M E-M N	Spokane, WA Spokane, WA Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID Spokane, WA					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2	28.1 28.2 26.1 26.2 26.3 26.4 26.5 6.1 6.2	N N-M E E-M E-M E-M E-M N N-M	Spokane, WA Spokane, WA Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID Coeur d'Alene, ID Spokane, WA Spokane, WA					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM	28.1 28.2 26.1 26.2 26.3 26.3 26.4 26.5 6.1 6.1 6.2 2.1	N N-M E E-M E-M E-M E-M N N-M N-M	Spokane, WA         Spokane, WA         Coeur d'Alene, ID         Spokane, WA         Spokane, WA         Spokane, WA         Spokane, WA					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2	28.1         28.2         26.1         26.2         26.3         26.4         26.5         6.1         6.2         2.1         2.2	N N-M E E-M E-M E-M E-M N N-M N-M	Spokane, WA         Spokane, WA         Coeur d'Alene, ID         Spokane, WA         Spokane, WA         Spokane, WA         Spokane, WA         Spokane, WA         Spokane, WA					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT2	28.1         28.2         26.1         26.2         26.3         26.4         26.5         6.1         6.2         2.1         2.2         2.3	N N-M E E-M E-M E-M E-M N N N-M N-M	Spokane, WA         Spokane, WA         Coeur d'Alene, ID         Spokane, WA					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT2 KREM-DT3 KREM-DT6	28.1         28.2         26.1         26.2         26.3         26.4         26.5         6.1         6.2         2.1         2.2         2.3         2.6	N N-M E E-M E-M E-M E-M N N N-M N-M N-M N-M	Spokane, WA         Spokane, WA         Coeur d'Alene, ID         Spokane, WA					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT2 KREM-DT3 KREM-DT6 KXLY	28.1         28.2         26.1         26.2         26.3         26.4         26.5         6.1         6.2         2.1         2.2         2.3         2.6         4.1	N         N-M         E         E-M         E-M         E-M         N         N         N         N-M	Spokane, WA         Spokane, WA         Coeur d'Alene, ID         Spokane, WA					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT2 KREM-DT3 KREM-DT6 KXLY KXLY-DT2	28.1         28.2         26.1         26.2         26.3         26.4         26.5         6.1         6.2         2.1         2.2         2.3         2.6         4.1         4.2	N         N-M         E         E-M         E-M         E-M         N         N         N         N-M	Spokane, WASpokane, WACoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDSpokane, WASpokane, WA					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT2 KREM-DT3 KREM-DT6 KXLY KXLY-DT2 KXLY-DT2	28.1         28.2         26.1         26.2         26.3         26.4         26.5         6.1         6.2         2.1         2.2         2.3         2.6         4.1         4.2         4.3	N         N-M         E         E-M         E-M         E-M         E-M         N         N         N         N-M	Spokane, WASpokane, WACoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDSpokane, WASpokane, WA					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT2 KREM-DT3 KREM-DT6 KXLY KXLY-DT2 KXLY-DT2 KXLY-DT3	28.1         28.2         26.1         26.2         26.3         26.4         26.5         6.1         6.2         2.1         2.2         2.3         2.6         4.1         4.2         4.3         4.4	N N-M E E-M E-M E-M E-M E-M E-M N E-M N N-M N-M N-M N-M N-M N-M N-M N-M	Spokane, WASpokane, WACoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDSpokane, WASpokane, WA					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT2 KREM-DT3 KREM-DT6 KXLY KXLY-DT2 KXLY-DT2 KXLY-DT3 KXLY-DT4 KXLY-DT5	28.1         28.2         26.1         26.2         26.3         26.4         26.5         6.1         6.2         2.1         2.2         2.3         2.6         4.1         4.2         4.3         4.4         4.5	N         N-M         E         E-M         E-M         E-M         E-M         N	Spokane, WASpokane, WACoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDSpokane, WASpokane, WA					
ows as Necessary	KAYU KAYU-DT2 KCDT KCDT-DT2 KCDT-DT3 KCDT-DT4 KCDT-DT4 KCDT-DT5 KHQ KHQ-DT2 KREM KREM-DT2 KREM-DT2 KREM-DT3 KREM-DT6 KXLY KXLY-DT2 KXLY-DT3 KXLY-DT4 KXLY-DT5 KSPS	28.1         28.2         26.1         26.2         26.3         26.4         26.5         6.1         6.2         2.1         2.2         2.3         2.6         4.1         4.2         4.3         4.4         4.5         7.1	N N-M E E-M E-M E-M E-M E-M N E-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	Spokane, WASpokane, WACoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDSpokane, WASpokane, WA					

				SYSTEM
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		63
	TDS Metrocom, LLC			00
	PRIMARY TRANSMITTERS:	TELEVISION		
C	-		g translator stations and low power tel	
G			ot (1) stations carried only on a part-tir	
D	-		the carriage of certain network program	-
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76. as explained in the next paragraph.	.61(e)(2) and (4))]; and (2) certain stati	ions carried on a
Television			carried by your cable system on a sub	stitute program
		ules, regulations, or authorizations:		
			(the Special Statement and Program L	_og)—if the
	station was carried only or			
		•	ed both on a substitute basis and also	
			s, see page (v) of the general instruction program services such as HBO, ESP	
			he-air designation. For example, repo	
	"WETA-2" as the same on			
		-	levision station for broadcasting over t	the air in its community
		/RC is channel 4 in Washington, D.C.	k station on independent station or s	non-commercial
		case whether the station is a network	k station, an independent station, or a	
	Loducational station by ont	aring the letter "NI" (for notwork) "NI M"	' (for notwork multicast) "I" (for indone	ndont) "I M"
	-		' (for network multicast), "I" (for indepe or "F-M" (for poncommercial educatio	-
	(for independent multicast)	, "E" (for noncommercial educational),	or "E-M" (for noncommercial education	-
	(for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, li	or "E-M" (for noncommercial education	onal multicast). is licensed by the
	(for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	, "E" (for noncommercial educational), erms, see page (iv) of the general inst on of each station. For U.S. stations, li	or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station i	onal multicast). is licensed by the
	(for independent multicast) For the meaning of these to <b>Column 4:</b> 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, li dian 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 in the community with which the station	onal multicast). is licensed by the is identified.
	(for independent multicast) For the meaning of these to <b>Column 4:</b> 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, li dian 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 in the community with which the station	onal multicast). is licensed by the is identified.
	(for independent multicast) For the meaning of these to <b>Column 4:</b> 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, li dian 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 in the community with which the station	onal multicast). is licensed by the is identified.
	(for independent multicast) For the meaning of these to <b>Column 4:</b> 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, li dian 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 in the community with which the station	onal multicast). is licensed by the is identified.
	(for independent multicast) For the meaning of these to <b>Column 4:</b> 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, li dian 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 in the community with which the station	onal multicast). is licensed by the is identified.
	(for independent multicast) For the meaning of these to <b>Column 4:</b> 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, li dian 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 in the community with which the station	onal multicast). is licensed by the is identified.
	(for independent multicast) For the meaning of these to <b>Column 4:</b> 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, li dian 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 in the community with which the station	onal multicast). is licensed by the is identified.
	(for independent multicast) For the meaning of these to <b>Column 4:</b> 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, li dian 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 in the community with which the station	onal multicast). is licensed by the is identified.
	(for independent multicast) For the meaning of these to <b>Column 4:</b> 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, li dian 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 in the community with which the station	onal multicast). is licensed by the is identified.
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TDS Metroc			YSTEM:					SYSTEM I 638
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
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. dentify the call tate whether to the radio stat this by placing give the station	y the sys be rece at the Co l sign of the static ion'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 the 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	
	AWOTW	0,0		OALL OIGH	AWOTIW	0,0		
N/A								
			· · · · · · · · · · · · · · · · · · ·					

Accounting Perio	od: 2023/01 LEGAL NAME OF OWNER OF		TEM					
Name	TDS Metrocom, LLC	CABLE STS						SYSTEM ID 6384
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LC	)G			
Subatituta	<b>In General:</b> 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, reg	ulations, or	authorizatio	ns. For a further
Substitute Carriage:		-			and general mis			AT-2 10m.
Special	1. SPECIAL STATEMEN					ootwork tol	ovicion prov	
Statement and	During the accounting per	-	a cable system	in carry, on a substitute be	asis, any nom			
Program Log	broadcast by a distant sta	ation?					YES	X NO
	Note: If your answer is "No	o", leave the	rest of this pa	ge blank. If your answer	is "Yes," you r	must comp	lete the pro	gram
	log in block 2.							
	<ol> <li>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 4: Give the broat the case of Mexican or Can Column 5: Give the more first. Example: for May 7 give Column 6: State the time</li> </ol>	stitute progra ace, please a of every no a distant stat 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 onnetwork televition and that yo for authorization ovies" or "bask dcast live, enter station broadc on's location (tons, if any, the when your systemeters	rows to the tables. vision program ("substitut our cable system substitu- ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you	te program") t uted for the pro eneral instruct ram titles, for e "No." gram. he station is lid te program. U ur cable syste	hat, during ogramming ions for fur example, " censed by entified). se numera m. List the	the accour of another ther inform Love Lucy the FCC or Is, with the times accu	nting station ation. " or , in month rately
	stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for program	. Example: a ter "R" if the and regulation mming that y	listed progran ons in effect d	uring the accounting peri	gramming tha od; enter the l	t your syste letter "P" if	em was <i>req</i> the listed p	uired
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Accounting Period:	2023/01	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SYSTEM ID# 63847
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	smission service
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	r this six-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	•
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	,100)
	1. Base amount under statutory formula         \$         263,800.00	l
	2. Enter amount of gross receipts from space K	_
	3. Subtract line 2 from line 1	_
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)
	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	



Accounting Period:	2023/01		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C TDS Metrocom	DWNER OF CABLE SYSTEM: n, LLC	SYSTEM ID: 63847
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	22
	2. Enter the total on which the ca	I number of activated channels able system carried television broadcast stations cast services	153
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) 880	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)	(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.) or 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 OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 8
	SYSTEM ID#
S Metrocom, LLC	63847
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
x	_
x days	—
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274       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       \$	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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