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)			<u>coplicsoa@copyright.gov</u>
General instr	uctions are located o of this workbook	8/17/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	1			
A	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: ()	YYYY/(Period))	
		_		
	2023/01	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		-		
		Barcode Data Filing Period (optiona	al - see instructions)	
	2023			
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				
Owner	List any other name or names under wh			
	If there were different owners during the single statement of account and royalty		n the last day of the accounting period shoul unting period.	d submit a
	Check here if this is the system's first fil	ing. If not, enter the system's ID numbe	er assigned by the Licensing Division.	63878
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM	Λ	
	TDS Metrocom, LLC			
	BUSINESS NAME(S) OF OWNER (OF CABLE SYSTEM (IF DIFFEREN	Т)	
	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			
System	IDENTIFICATION OF CABLE SYSTEM:			
	¹ TDS Telecom, Inc.			
	MAILING ADDRESS OF CABLE SYSTE	M:		
	2 (Number, street, rural route, apartment, or suite	number)		
	(City, town, state, zip code)			
Privacy Act Noti	ce: Section 111 of title 17 of the United States Code	authorizes the Copyright Offce to collect t	he personally identifying information (PII) reque	sted 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 II
Name	TDS Metrocom, LLC	6387
Area	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp 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, c	porated communities within unincorporated areas and including single that you list will serve as a form of system identification hereafter know e filings.
Served	identified city.	
	CITY OR TOWN	STATE
First	Spokane	WA
Community		
dd Rows as Necessary		
uu nows as necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM ID
Name	TDS Metrocom, LLC		•					010	6387
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 separately for the particular service	space E should on of televisior pay cable) in sp d (June 30 or E h blocks in spa y transmission number of billin	l cover n and ra pace F,)ecemb ce E ca service gs in th	all categories of adio broadcasts not here. All th per 31, as the c all for the numb e. In general, yo at category (th	of seconda s by your s he facts yo ase may b her of subs bu can con e number of	ystem to subscr u state must be e). cribers to the ca npute the numb of persons or or	ribers. Given those exist able syster er of subse ganization	e information sting on the n, broken cribers in	
	Rate: Give the standard rate of unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provid that applies to your system. Not	I. (Example: "\$ counts allowed (in space E, th e to their subs (e: Where an ir	20/mth' for adv te form cribers. ndividua). Summarize vance payment lists the catego Give the numb al or organizatio	any standa pries of sec per of subs on is receiv	rd rate variatior condary transmi cribers and rate ring service that	ns within a ssion serv for each l falls unde	particular rate rice that cable isted category er different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted of Block 2: If your cable system printed in block 1 (for example, with the number of subscribers a sufficient.	able service to once again unc has rate categ tiers of service	addition ler "Ser ories fo s that ir	nal sets would rvice to addition or secondary tra nclude one or r	be include nal set(s)." ansmissior nore secor	d in the count un a service that an adary transmissi	nder "Serv e different ions), list t	ice to the from those hem, together	
		OCK 1					BLOCK	< 2	
		NO. OF			CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	=RS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set		583	\$25/mo					
	• Service to additional set(s)			Ψ Ξ ΟΛΠΟ					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		583	\$8/Mo.					
	Non-residential								
F Services Other Than Secondary Fransmissions: 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 that listed in block 1 and for which a brief (two- or three-word) description	tte (not subscri those services re two exceptio or facilities fur nit in which it is rate column. te charged by t your cable sy separate charge	ber) info that ar 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	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable	\$8.00-\$15.00		ation: Non-res	sidential				
	• Pay cable—add'l channel	φ0.00-φ13.00		mmercial		\$0 - \$50.00			
	Fire protection		_	y cable					
	•Burglar protection			y cable-add'l cl	nannel				
	Installation: Residential			e protection					
	• First set	\$0-\$50.00	• Bu	rglar protection					
	 Additional set(s) 	\$0-\$50.00	Other	services:					
	• FM radio (if separate rate)			connect		\$0-\$25.00			
	• Converter			sconnect		40.00.00.00			
				tlet relocation		19.98-39.96			
				ove to new add	622				

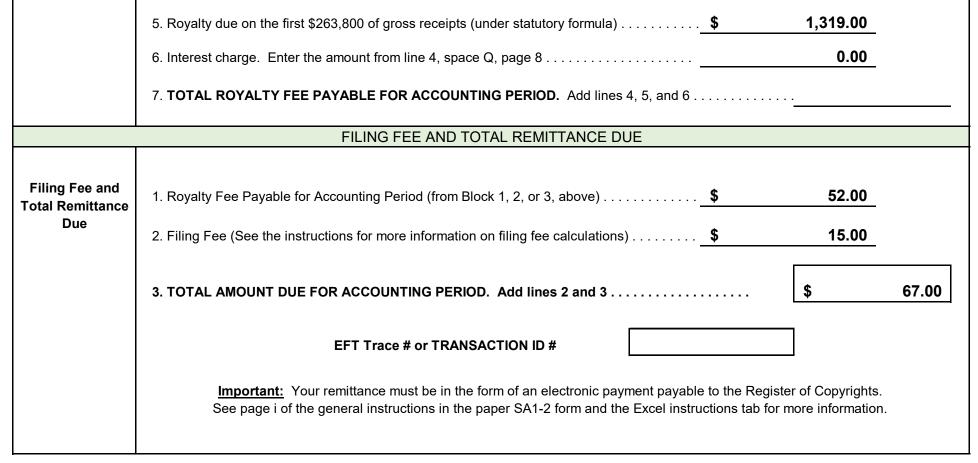
••	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE
Name	TDS Metrocom, LLC			6
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do <i>not</i> list the station he station was carried <i>only</i> o	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. Is: With respect to any distant stations can rules, regulations, or authorizations: ere 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	(1) stations carried only on a par ne 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	rt-time basis under ograms [sections stations carried on a substitute program am Log)—if the
	basis. For further informate Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channel of license. For example, N Column 3: Indicate in each educational station, by end (for independent multicast For the meaning of these Column 4: Give the location	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	see page (v) of the general instru- program services such as HBO, E e-air designation. For example, re evision station for broadcasting ov station, an independent station, or (for network multicast), "I" (for independent or "E-M" (for noncommercial educ actions in the paper SA1-2 form.	uctions. ESPN, etc. Identify each eport multistream ver the air in its community or a noncommercial lependent), "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 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
lows 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 26.3 26.4 26.5 6.1 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-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
lows 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 N N N N-M	Spokane, WASpokane, WACoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDCoeur d'Alene, IDSpokane, WASpokane, WA
lows 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

ounting Period:				FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
	TDS Metrocom, LLC			638
	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 stati	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	og)—if the
	station was carried only 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	rt multistream
	"WETA-2" as the same on			h a sin in 14 a successive the
		-	levision station for broadcasting over the	ne air in its community
		/RC is channel 4 in Washington, D.C.	station, an independent station, or a ا	noncommercial
			(for network multicast), "I" (for independent	
				nal multicast).
	(for independent multicast)		or "E-M" (for noncommercial educatio	nal multicast).
	(for independent multicast) For the meaning of these t Column 4: Give the location	, "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 educatio	s licensed by the
	(for independent multicast) For the meaning of these t 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 educatio ructions in the paper SA1-2 form. st the community to which the station is the community with which the station i	s licensed by the is identified.
	(for independent multicast) For the meaning of these t Column 4: Give the location	, "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 educatio ructions in the paper SA1-2 form. st the community to which the station is	s licensed by the
	(for independent multicast) For the meaning of these t 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 educatio ructions in the paper SA1-2 form. st the community to which the station is the community with which the station i	s licensed by the is identified.
	(for independent multicast) For the meaning of these t 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 educatio ructions in the paper SA1-2 form. st the community to which the station is the community with which the station i	s licensed by the is identified.
	(for independent multicast) For the meaning of these t 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 educatio ructions in the paper SA1-2 form. st the community to which the station is the community with which the station i	s licensed by the is identified.
	(for independent multicast) For the meaning of these t 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 educatio ructions in the paper SA1-2 form. st the community to which the station is the community with which the station i	s licensed by the is identified.
	(for independent multicast) For the meaning of these t 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 educatio ructions in the paper SA1-2 form. st the community to which the station is the community with which the station i	s licensed by the is identified.
	(for independent multicast) For the meaning of these t 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 educatio ructions in the paper SA1-2 form. st the community to which the station is the community with which the station i	s licensed by the is identified.
	(for independent multicast) For the meaning of these t 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 educatio ructions in the paper SA1-2 form. st the community to which the station is the community with which the station i	s licensed by the is identified.
	(for independent multicast) For the meaning of these t 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 educatio ructions in the paper SA1-2 form. st the community to which the station is the community with which the station i	s licensed by the is identified.
	(for independent multicast) For the meaning of these t 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 educatio ructions in the paper SA1-2 form. st the community to which the station is the community with which the station i	s licensed by the is identified.
	(for independent multicast) For the meaning of these t 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 educatio ructions in the paper SA1-2 form. st the community to which the station is the community with which the station i	s licensed by the is identified.
	(for independent multicast) For the meaning of these t 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 educatio ructions in the paper SA1-2 form. st the community to which the station is the community with which the station i	s licensed by the is identified.
	(for independent multicast) For the meaning of these t 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 educatio ructions in the paper SA1-2 form. st the community to which the station is the community with which the station i	s licensed by the is identified.
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all-band basis whose signals were generally receivable by your cable system during the accounting period.Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected,Prime Transmit	NAME OF OW		JABLE 5	YSTEM:					SYSTEM 63
receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. Transm cor detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. See page (v) of the general instructions in the. cor detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION V/A	eral: List eve	ery radio st	tation ca	-					н
N/A	ble if (1) it is basis of mon ailed informa A1-2 form. mn 1: Identi mn 2: State mn 3: If the ndicate this mn 4: Give t	s carried by nitoring, to ation about tify the call whether the radio station the station	/ the sys be recein t the Co sign of o he static on's sign g a chec i's locati	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. on (the community to which th	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (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
N/A	SIGN AN	M or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Accounting Peric	od: 2023/01 LEGAL NAME OF OWNER OF							OVOTEM ID
Name	TDS Metrocom, LLC	- CADLE STS	I EIVI.					SYSTEM ID 6387
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
Substituto	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					otwork tok	vicion proc	arom.
Statement and	During the accounting per	-	r cable system	T carry, on a substitute ba	1515, any noni			
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 SUBSTITUTI	E PROGRA	MS					
	In General: List each subs				s wherever p	ossible, if t	heir meanir	ng is
	clear. If you need more spa			rows to the tables. /ision program ("substitut	a program") tl	hat during	the accourt	otina
	period, was broadcast by a	•			,	•		•
	under certain FCC rules, re		•	•		•		
	Do not use general categor		vies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy	" or
	"NBA Basketball: 76ers vs.		lagat liva ant	or "Voc " Otherwise opter	"No "			
				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	nadian statio	ons, if any, the	community with which the	e station is ide	entified).		
		•	when your sys	stem carried the substitute	e program. U	se numera	ls, with the	month
	first. Example: for May 7 gi			arene was corriad by you	r aabla avatav		times see	rataly
				ogram was carried by you				
	Ito the hearest tive minutes	Example: a	a program can	led by a system from b'U				•
	to the nearest five minutes stated as "6:00–6:30 p.m."		a program carr	led by a system from 6:0	1. 10 p.m. to o			
	stated as "6:00–6:30 p.m."			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	n was substituted for prog uring the accounting perio	ramming that od; enter the l	t your syste etter "P" if	the listed p	
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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# 63878
K 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	 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 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. 	\$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 fo 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	-
	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 \$ 263,800.00	_
	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# 63878
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	22
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	53
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	CERTIFICATION • I, the undersigne (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 ter 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 te, and correct to the best of my knowledge, information, and belief, and are made in good faith.	em

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.

GAL NAME OF OWNER OF CABLE SYSTEM:	
	SYSTEM ID#
S Metrocom, LLC	63878
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by additioning sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sect For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	he basic include sub- tion 119." Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA	A1-2 form.
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	-
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	days
x	days
xLine 3 Multiply line 2 by the number of days late and enter the sum here	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 00274 -
Line 3 Multiply line 2 by the number of days late and enter the sum here	 00274 t charge)
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