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

				Return completed workbook			
STATEME	ENT OF ACCOUNT	FOR COPYRIGH	by email to:				
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov			
	ms (Short Form)		\$	For additional information, contact the U.S. Copyright Office Licensing Division at:			
	of this workbook	8/17/2023	ALLOCATION NUMBER	Tel: (202) 707-8150			
		0, 11, 2020					
_	1			+			
A	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY)	YY/(Period))				
		_					
	2023/01	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
		1					
	20231	Barcode Data Filing Period (optional	- see instructions)				
Accounting	20231	J					
Period							
	Instructions:						
В	Give the full legal name of the owner of th the subsidiary, not that of the parent corpo	-	ary of another corporation, give the full corpo	rate title of			
Owner	List any other name or names under which	the owner conducts the business of the	e cable system.				
	÷	ne accounting period, only the owner on the last day of the accounting period should submit a single ayment covering the entire accounting period.					
	χ Check here if this is the system's first filing	If not, enter the system's ID number as	signed 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 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System IDENTIFICATION OF CABLE SYSTEM: 1 TDS Telecom, Inc. MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

Accounting Period:	2023/01	FORM SA1-2E. PAGE 1b.
Nexa	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TDS Metrocom, LLC	
D	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	Sheboygan	WI
Community		
Add Rows as Necessary		
,		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1				
Name	TDS Metrocom, LLC											
Е	SECONDARY TRANSMISSION					nomiosion o	amilaa af th	a aabla				
-	In General: The information in s system, that is, the retransmission											
Secondary	about other services (including p											
Transmission	last day of the accounting period							0				
Service: Sub-	Number of Subscribers: Both						,					
scribers and	down by categories of secondary	•		•	•							
Rates	each category by counting the ni separately for the particular serv							cnarged				
	Rate: Give the standard rate of							e and the				
	unit in which it is generally billed	. (Example: "\$2	0/mth").	Summarize any	standard ra	ite variations	within a pa	articular rate				
	category, but do not include disc											
	Block 1: In the left-hand block	•		0								
	systems most commonly provide that applies to your system. Not											
	categories, that person or entity			•	0							
	subscriber who pays extra for ca				••		•					
	first set" and would be counted o											
	Block 2: If your cable system	-		•								
	printed in block 1 (for example, t with the number of subscribers a											
	sufficient.	and rates, in the	e nym-na	The DIOCK. A LWO-	- or three-wo							
		OCK 1					BLOCK	< 2				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATEC	ORY OF SEI		NO. OF SUBSCRIBERS	RA			
	Residential:	JUBJURID	ERS	NATE	CATEG	OKT OF SEI	NICE	SUBSCRIBERS				
	Service to first set		1	\$25/mo								
	Service to additional set(s)		·····	φ 2 5/110								
	• FM radio (if separate rate)											
	Motel, hotel			••••••								
	Commercial											
	Converter											
	Residential		1	\$8/Mo.								
	Non-residential		·····	\$0/14/0.								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	ONS: RATES								
F	In General: Space F calls for rat	te (not subscrib	er) inforr	nation with resp	ect to all yo	ur cable syst	em's servi	ces that were				
Г	not covered in space E, that is, t											
Services	service for a single fee. There ar furnished at cost or (2) services		,	0			0()					
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the		actually a	incut in any face	e are charg		ale per pre	gram baele,				
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a											
	brief (two- or three-word) descrip	ices in the	form of a									
		BLO				DATE	CATEO	BLOCK 2 ORY OF SERVICE	RA			
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERVI tion: Non-resid		RATE	CATEG	URT OF SERVICE	KA			
	Pay cable	\$8 00-\$15 00		el, hotel	ential							
	Pay cable Add'l channel	\$8.00-\$15.00		imercial								
	Fay cable—add i charmer Fire protection			cable		50 - \$50.00						
	Burglar protection		- í	cable-add'l chai								
	•Burgiar protection		· ·	protection								
	First set	\$0_\$50.00		lar protection					+			
		\$0-\$50.00 \$0-\$50.00										
	 Additional set(s) 	φ 0- φ50.00				\$0_\$25.00						
	• EM radio (if concrete rate)	\$0-\$50.00 Other services: • Reconnect \$0-\$25.00				ψυ-ψ∠0.00	1					
	• FM radio (if separate rate)											
	• FM radio (if separate rate) • Converter		• Disc	onnect								
	, , ,		• Disc • Outl			9.98-39.96						

N	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTE							
Name	TDS Metrocom, LLC										
	PRIMARY TRANSMITTERS:	TELEVISION									
G	carried by your cable syste	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections									
Primary		e)(2) and (4), or 76.63 (referring to 76.67	1(e)(2) and (4))]; and (2) certain sta	tions carried on a							
nsmitters: elevision	· · · · · · · · · · · · · · · · · · ·	as explained in the next paragraph. s: With respect to any distant stations ca	rried by your cable system on a sul	bstitute program							
		ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis	ne Special Statement and Program	Log)—if the							
		also in space I, if the station was carried	both on a substitute basis and als	o on some other							
	Column 1: List each statio	on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form	rogram services such as HBO, ESP	PN, etc. Identify each							
		nel number the FCC assigned to the telev	vision station for broadcasting over	the air in its community							
		VRC is channel 4 in Washington, D.C. h case whether the station is a network s	station on independent station or a	poncommercial							
		ering the letter "N" (for network), "N-M" (f									
	(for independent multicast)), "E" (for noncommercial educational), o erms, see page (iv) of the general instru	r "E-M" (for noncommercial educati								
		on of each station. For U.S. stations, list		is licensed by the							
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	ne community with which the station	is identified.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	WISN	12.1	Ν	Milwaukee, WI							
	WISN-DT2	12.2	N-M	Milwaukee, WI							
ows as Necessary	WDJT	58.1	N	Milwaukee, WI							
	WBME-CD	58.2	<u> </u>	Milwaukee, WI							
	WITI	6.1	Ν	Milwaukee, WI							
	WITI-DT2	6.2	N-M	Milwaukee, WI							
	WTMJ	4.1	Ν	Milwaukee, WI							
	WTMJ-DT2	4.2	N-M	Milwaukee, WI							
	WTMJ-DT3	4.3	N-M	Milwaukee, WI							
	WTMJ-DT4	4.4	N-M	Milwaukee, WI							
	WTMJ-DT5	4.5	N-M	Milwaukee, WI							
	WMLW	49.1	I	Racine, WI							
	WMLW-DT2	49.2	I-M	Racine, WI							
	WMLW-DT3	49.3	I-M	Racine, WI							
	WMLW-DT3 WMLW-DT4	49.3 49.4	I-M I-M	Racine, WI Racine, WI							
	WMLW-DT4	49.4	I-M	Racine, WI							
	WMLW-DT4 WVTV	49.4 18.1	I-M I	Racine, WI Milwaukee, WI							
	WMLW-DT4 WVTV WVTV-DT2	49.4 18.1 18.2	I-M I I-M	Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI							
	WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3	49.4 18.1 18.2 18.3 18.4	I-M I I-M I-M	Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI							
	WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3 WVTV-DT4	49.4 18.1 18.2 18.3	I-M I I-M I-M I-M	Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI							
	WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3 WVTV-DT4 WYTU	49.4 18.1 18.2 18.3 18.4 63.1 63.2	I-M I I-M I-M I-M I	Racine, WI Milwaukee, WI							
	WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3 WVTV-DT4 WYTU WYTU-DT2 WPXE	49.4 18.1 18.2 18.3 18.4 63.1 63.2 55.1	I-M I I-M I-M I-M I I I I-M I	Racine, WI Milwaukee, WI Kenosha, WI							
	WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3 WVTV-DT4 WYTU WYTU-DT2	49.4 18.1 18.2 18.3 18.4 63.1 63.2	I-M I I-M I-M I-M I I	Racine, WI Milwaukee, WI							

ounting Period:	2023/01				A1-2E. PAGE						
Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		S							
	TDS Metrocom, LLC										
	PRIMARY TRANSMITTERS:	TELEVISION									
C		entify every television station (including t	•	,							
G		em during the accounting period, except	.,								
Drimon		in effect on June 24, 1981, permitting th e(2) and (4), or 76.63 (referring to 76.61									
Primary Transmitters:		e)(2) and (4), or 76.63 (referring to 76.6) as explained in the next paragraph.	$\Gamma(e)(2)$ and $(4))];$ and (2) certain st	mons carried on a							
Television		s: With respect to any distant stations ca	rried by your cable system on a su	bstitute program							
		ules, regulations, or authorizations:									
	• Do not list the station her station was carried only or	re in space G—but do list it in space I (th a substitute basis	he Special Statement and Program	Log)—If the							
		also in space I, if the station was carried	both on a substitute basis and al	so on some other							
	basis. For further informati	on concerning substitute basis stations,	see page (v) of the general instruc	tions.							
		on's call sign. <i>Do not</i> report origination p	-	-							
	"WETA-2" as the same on	ed with a station according to its over-the	eair designation. For example, rep	ort multistream							
		nel number the FCC assigned to the telev	vision station for broadcasting ove	the air in its community							
		VRC 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 ente	ering the letter "N" (for network), "N-M" (f	for network multicast), "I" (for inde	endent), "I-M"							
	educational station, by enter (for independent multicast)		for network multicast), "I" (for inde _l r "E-M" (for noncommercial educa	endent), "I-M"							
	educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location	ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	endent), "I-M" ional multicast). n is licensed by the							
	educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location	ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), o erms, see page (iv) of the general instru	for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	endent), "I-M" ional multicast). n is licensed by the							
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	educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WMVT-DT3 WVCY	ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 36.2 30.1	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio ne community with which the static 3. TYPE OF STATION	endent), "I-M" ional multicast). n is licensed by the n is identified. 4. LOCATION OF STATI Milwaukee, WI Milwaukee, WI	ION						
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	educational station, by entr (for independent multicast) For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WMVT-DT3 WVCY	ering the letter "N" (for network), "N-M" (f), "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 36.2 30.1	for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio ne community with which the static 3. TYPE OF STATION	endent), "I-M" ional multicast). n is licensed by the n is identified. 4. LOCATION OF STATION Milwaukee, WI Milwaukee, WI							
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Accounting P							FOR	M SA1-2E. PAGE
LEGAL NAME OF		CABLE S	YSTEM:					SYSTEM ID
	every radio s	tation ca	rried on a separate and discre				ied on an	н
Special Instruct receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	tions Concernitions Concernities carried by monitoring, to primation about m. In the call tate whether the radio state the radio state this by placing tive the station	rning Al y the sys be recei t the Co sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processed mark in the "S/D" column. on (the community to which the	Copyright Office r the system's hea system's FM anter his point, see pag ed by the cable s e station is licens	egulations, an adend, and (2) nna, during ce je (v) of the ge ystem as a sep sed by the FCC	FM sigr) it can b ertain sta eneral in: parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3,0		UALL SIGN		3,0		
N/A								
								

Accounting Perio	d: 2023/01						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	TDS Metrocom, LLC							
I	SUBSTITUTE CARRIAGE	ify every non	network televis	<i>ion program,</i> broadcast by a				
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBSTI	TUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televisi	on progran	n
Program Log	broadcast by a distant sta	tion?					YES	XNO
	Note: If your answer is "No		rest of this pag	e blank. If your answer is	"Yes " vou mi	ust complete i	-	
	log in block 2.	, 10010 010	root of this pag		roo, you m		and program	
	2. LOG OF SUBSTITUTE		-					
	In General: List each subs				wherever pos	ssible, if their	meaning is	5
	clear. If you need more spa				n na ana na "\) thu	at duminan tha		_
	period, was broadcast by a			ision program ("substitute ur cable system substitute				
	under certain FCC rules, re							
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I Lov	e Lucy" or	
		n was broad		r "Yes." Otherwise enter "N sting the substitute progra				
	Column 4: Give the broa	adcast static	on's location (th	e community to which the	station is lice		-CC or, in	
	the case of Mexican or Car							
	first. Example: for May 7 give		when your syst	tem carried the substitute	program. Use	e numerais, w	ith the mor	nth
			substitute pro	gram was carried by your	cable system	. List the time	s accurate	ely
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."	"D" :(1)						
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							an
	effect on October 19, 1976							
	s	UBSTITUT	E PROGRAM			EN SUBSTITU IAGE OCCUF		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	IES TO	DELETION
	N/A					_		
		·*						
		+						
						_		
						-		
		+						
						_		
						_		
						_		
						_		

Accounting Period:	2023/01	FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SY	STEM ID#
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	on service	25.00 s receipts)
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 \$263, • 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. 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 this s accounting period is \$52.00		
	Line 1. Royalty fee for accounting period	6	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	6	52.00
	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 \$527,600))	
	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 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	319.00	
	Koyaky due on the first \$205,000 of gross receipts (under statutory formula)	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		67.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of C See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more i		

Accounting Period:	2023/01												FORM SA1-	2E. PAGE 7
Name	LEGAL NAME OF OW TDS Metrocom, L	NER OF CABLE SYSTEM: LC											SY	STEM ID#
M Channels	to its subscribers, 1. Enter the total n system carried t 2. Enter the total n on which the ca	nust give (1) the numbe and (2) the cable system' number of channels on wh television broadcast static number of activated chanr ble system carried televis ast services	's total nur nich the ca ons nels sion broad	umbe cable	er of activa e st stations	ted channe	els during th	he acc	ounting peri	od.	s 		28 160	
N Individual to Be Contacted		BE CONTACTED IF FUR		NFOR	RMATION I	S NEEDEI) (Identify a	an indiv	vidual to who	om				
for Further Information	Name <u>N</u>	Aitchell Maier								Telephon	e (608)	886-82	10	
	() N	25 Junction Rd Number, street, rural route, apa Addison, WI 53593 Oty, town, state, zip)	artment, or si	r suite r	number)									
	Email	Finance@tdstele	ecom.com	<u>1</u>					Fax (option	al				
	CERTIFICATION (Tr	nis statement of account r	must be ce	certifi	fied and sig	ned in acc	ordance wi	ith Cop	oyright Office	e regulations)			
O Certification		hereby certify that (Check					cable syste	em as io	dentified in li	ne 1 of space	B; or			
	in X (Officer	f owner other than corpo line 1 of space B and that t or partner) I am an officer line 1 of space B.	the owner	er is no	not a corpor	ation or par	tnership; or	r						
		e statement of account and and correct to the best of 1001(1986)]				-					n			
				an elec	/s/ Sharc	nature on th	e line above		ify this stater n Smith)	ment.	-			
		Typed or printe	ed name:	e: 5	Sharon	V. Tisda	le							
		Title:			osition held in		or partnershi	ip)						
		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.

unting Period: 2023/01	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Metrocom, LLC	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form.	
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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	—
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	

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