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

		Γ		Return completed workbook by					
STATEMENT		FOR COPYRIGH	email to:						
	ransmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov					
Cable Systems	. ,		\$	For additional information, contact the U.S. Copyright Office					
in the first tab of thi		2/28/2025	ALLOCATION NUMBER	Licensing Division at: Tel: (202) 707-8150					
A AG	CCOUNTING PERIOD COVERED BY	THIS STATEMENT: (YYYY/(Pe	eriod))						
	2024/02	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional - se	Period 2 = July 1 - December 31						
Accounting Period	20242								
в	Instructions: Give the full legal name of the owner of the cal subsidiary, not that of the parent corporation.	ble system. If the owner is a subsidiary of a	nother corporation, give the full corporate title o	of the					
Owner	List any other name or names under which the	owner conducts the business of the cable s	ystem.						
		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 r	not, enter the system's ID number assigned	by the Licensing Division.	63822					
-	LEGAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM							

		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: 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 Offce'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: 2	024/02	FORM SA1-2E. PAGE 1b.						
N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SAT-ZE, PAGE 10. SYSTEM ID#						
Name	TDS Metrocom, LLC	63822						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
	CITY OR TOWN	STATE						
First Community	Auburndale	WI						
community								
Add Rows as Necessary								

Accounting Period:	2024/02								FORM SA	1-2E. PAGE	
	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:									
Name	TDS Metrocom, LLC		63822								
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the										
	first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, togeth with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.										
	BL	OCK 1					BL	OCK 2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	s	NO. OF UBSCRIBERS	RATE	
	Residential: • Service to first set • Service to additional set(s)		102	\$30/mo							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial Converter										
	Residential		102	\$6/Mo.							
	Non-residential		102	\$0/MO.							
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.										
		BLO							BLOCK 2		
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERVI		RATE	CA	TEGORY	OF SERVICE	RATE	
	Pay cable	\$8.00-\$15.00		el, hotel	ential						
	• Pay cable—add'l channel		• Con	nmercial		\$0 - \$50.00					
	Fire protection		• Pay	cable							
	•Burglar protection		• Pay	cable-add'l cha	nnel						
	Installation: Residential		• Fire	protection							
	• First set	\$0-\$49.95	• Burg	glar protection							
	 Additional set(s) 	\$0-\$49.95	-								
	• FM radio (if separate rate)		-	connect		\$0-\$25.00					
	• Converter			connect		10.00					
			-	let relocation		19.98-39.96					
			• IVIO\	e to new addres	5						

counting Period: 20	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		FORM SA1-2E. PAGE					
Name	TDS Metrocom, LLC			6382					
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: TELEVISION								
	 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 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis ander specific FCC rules, regulations, or authorizations: Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" Column 4: Give the location of each station. For U.S. stations, is the community to which the station is in entry of the general instructional multicast). For (for noncommercial educational), or "E-M" (for noncommercial educational, the station, an independent station, or a noncommercial educational of the general instructions. 								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	2 TYPE OF STATION	4. LOCATION OF STATION					
			3. TYPE OF STATION						
	WAOW	9.1	Ν	Wausau, WI					
	WAOW-DT2	9.2	N-M	Wausau, Wi					
dd Rows as Necessary	WAOW-DT4	9.4	N-M	Wausau, WI					
	WAOW-DT5	9.5	N-M	Wausau, WI					
	WHRM	20.1	E	Wausau, WI					
	WHRM-DT2	20.2	E-M	Wausau, WI					
	WHRM-DT3	20.3	E-M	Wausau, WI					
	WHRM-DT4	20.4	E-M	Wausau, WI					
	WSAW	7.1	Ν	Wausau, WI					
	WSAW-DT2	7.2	N-M	Wausau, WI					
	WSAW-DT3	7.3	N-M	Wausau, WI					
	WSAW-DT4	7.4	N-M	Wausau, WI					
	WSAW-DT5	7.5	N-M	Wausau, WI					
	WTPX	46.1	I	Antigo, WI					
	WJFW	12.1	N	Rhinelander, WI					
	WJFW-DT2	12.2	N-M	Rhinelander, WI					
	WJFW-DT3	12.3	N-M	Rhinelander, WI					

counting Period: 2	2024/02			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM ID					
Name	TDS Metrocom, LLC								
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary Transmitters: Television	 PRIMARY TRANSMITTERS: TELEVISION 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, except (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 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network's tation, an independent station, or a noncommercial educational station, by entering the letter "N" (for network's multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					

Accounting Pe			EW					10	RM SA1-2E. PAGE
TDS Metroco		DLE 9191							SYSTEM II 638
	, LLO								638
	every radio stat	tion carrie	d on a separate and discrete ba ally receivable by your cable sys				ied on an		н
eceivable if (1) i n the basis of m or detailed infor aper SA1-2 forr Column 1: Ide Column 2: Sta Column 3: If t ignal, indicate th	t is carried by the timonitoring, to be rmation about the n. entify the call signate whether the the radio station his by placing a	ne system e received ne Copyri gn of each station is check ma	and FM Carriage: Under Copyr whenever it is received at the s at the headend, with the syster ight Office regulations on this p n station carried. AM or FM. was electronically processed by ark in the "S/D" column. the community to which the sta	syste m's I oint, / the	em's headend, a FM antenna, duu see page (v) of cable system a	and (2) it can be ring certain stal the general ins s a separate ar	e expecte ted interv structions	ed, als. in the.	Primary Transmitters: Radio
Aexican or Cana	adian stations, i	f any, the	community with which the static		identified).				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	\mathbb{H}	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
I/A									
				-					
				-					
	+			1			t		

Accounting Period							FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYSTEM ID#
Name	TDS Metrocom, LLC							63822
l Och-state	SUBSTITUTE CARRIAGE: In General: In space I, identif basis during the accounting p programming that must be inc	y every nonne eriod, under sj	<i>twork television p</i> pecific present ar	p <i>rogram,</i> broadcast by a <i>dista</i> nd former FCC rules, regulatic	ons, or authoriz	ations. For a furth		
Substitute Carriage: Special			• • • • • •					
Statement and	During the accounting period	-		-	nonnotwork to			
Program Log	• • • • •		able system can	y, on a substitute basis, any				XNO
	broadcast by a distant station						YES	NO
	Note: If your answer is "No",	leave the res	t of this page bla	ank. If your answer is "Yes," y	you must com	plete the program	ı	
	period, was broadcast by a c under certain FCC rules, reg Do not use general categorie "NBA Basketball: 76ers vs. E Column 2: If the program Column 3: Give the call si Column 4: Give the broad the case of Mexican or Cana Column 5: Give the month first. Example: for May 7 give Column 6: State the times to the nearest five minutes. E stated as "6:00–6:30 p.m."	ute program c e, please add f every nonne listant station ulations, or au es like "movies bulls." was broadcas gn of the stati lcast station's dian station's dian stations, n and day when e "5/7." s when the sul Example: a pro- " "R" if the listed ad regulations	on a separate lin additional rows twork television and that your ca uthorizations. See s' or "basketball. st live, enter "Yee on broadcasting location (the co if any, the comre on your system of bostitute program bogram carried by ed program was in effect during	to the tables. program ("substitute program ble system substituted for the page (v) of the general ins "List specific program titles, s." Otherwise enter "No." the substitute program. mmunity to which the station nunity with which the station carried the substitute program was carried by your cable s / a system from 6:01:15 p.m. substituted for programming the accounting period; enter	n") that, during e programmin structions for fu- for example, is licensed by is identified). n. Use numera ystem. List the to 6:28:30 p.1 that your sys the letter "P"	g the accounting g of another stati urther information "I Love Lucy" or the FCC or, in als, with the mont times accurately n. should be tem was <i>required</i> if the listed progra	ion 1. h /	
							RRIAGE	
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	OCCURRED 6. TIMES		7. REASON FOR DELETION
	N1/A	Yes or No	CALL SIGN	4. STATION S LOCATION	AND DAY	FROM —	то	
	N/A							
						_		
						_		
			<u> </u>					
			<u> </u>					
						_		
						_		
						_		
			<u> </u>					

Accounting Period: 2	024/02	FORM S	A1-2E. PAGE (
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	S	YSTEM ID 6382
			0302
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 total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	ice	4,748.01 ss receipts)
	COPYRIGHT ROYALTY FEE		
L 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 \$263,800 • 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 six-mor accounting period is \$52.00	nth	
	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	\$	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		
l	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)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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		

Name	Accounting Period: 2	024/02				FORM SA1-2E. PAGE 7
M Instructions: You must give (1) the number of clanatories on whoch the cable system cannot statistical statistics is a statistication. 17 Channels 1.0 there built number of clanatories on which the cable system cannot statistication. 181 N 1.0 there built number of clanatories in much the cable system cannot statistication. 181 N 1.0 there built number of clanatories in much the cable system cannot statistication. 181 N Instructional distribution the cable system cannot statistication to whom 181 N Instructional distribution the cable system cannot statistication to whom 181 N Instructional distribution the cable system cannot statistication to whom 181 N Instructional distribution the statement of clanatories in the cable system cannot statistication on the statement of clanatories. 181 N Instructional distribution the statement of clanatories. 181 Norme Mitchell Maler. Testephone (608) 888-8219 Control of the table system cannot be certified and signed in account system. Testephone (608) 888-8219 Malters. E25 Junction RB Mitchell Maler. Testephone (608) 888-8219 Control of the table system cannot be certified and signed in account system cannot be certified and signed in account system cannot be certified and signed in acco	Name					SYSTEM ID# 63822
Individual to Be Contacted for Further Information Name Mitchell Maier Telephone (608) 386-3210 Address S25 Junction Rd Tourise, state, care note, superfect, or suber number) Maidian, VI 3593 City, them, state, care note, superfect, or suber number) Maidian, VI 3593 City, them, state, care note, superfect, or suber number) Fax (optional) City, them, state, care Certification Participation of partnership) and the owner of the cable system as identified in line 1 of space B, or (Agent of owner other than corporation or partnership) 1 am the owner of the cable system as identified in line 1 of space B, or (Agent of owner other than corporation or partnership) 1 am the owner of the cable system as identified in line 1 of space B, or (Officer or partners) in an officer (1 a corporation) or partnership) 1 am the owner of the cable system as identified as owner of the cable system in in its 1 of space B. • I have examined the sidenership of care or partnership) 1 am the owner of the cable system as identified as owner of the cable system in in the 1 of space B. • I have examined the side only knowledge, information, and befa, and are made in good table. (1 but case, sector tool (1 sec)) [1 but case, sector tool (1 sec)]		Instructions: Yo to its subscribers 1. Enter the total system carrie 2. Enter the total on which the o	s, and (2) the cable system's total number of channels on which the ed television broadcast stations . number of activated channels cable system carried television br	ore cable	of activated channels during the accounting period.	
Information Name Mitchell Maier Talephone (608) 386-3210 Address 525 Junction Rd Talephone (608) 386-3210 Address 525 Junction Rd Whitehell Mailer Talephone (608) 386-3210 Matlioson, Will S5833 Talephone (608) 386-3210 Corp. text, stells, stells, text look, stells, text Fax (optional) Email Exercic@titleblecon.com Final Exercic@titleblecon.com Image: Corp. Stells, ste	Individual to			INFORM	ATION IS NEEDED (Identify an individual to whom	
[Temper: etter: und rode, separated, or sulta number] Madison, WI 33593 (City, uner, side, zr) Email Fax (optional) Certification • Lite undersigned, hereby certify that (Check one, <i>bul only one</i> , of the boxes,) • Lite undersigned, hereby certify that (Check one, <i>bul only one</i> , of the boxes,) • Lite undersigned, hereby certify that (Check one, <i>bul only one</i> , of the boxes,) • Over other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or • If the undersigned, hereby certify that (Check one, <i>bul only one</i> , of the boxes,) • Officer or partnership) I am the owner of the cable system as identified in line 1 of space B, or • If the off space B and that the owner is not a corporation or partnership) of the legal entity identified as owner of the cable system is identified in line 1 of space B. • Officer or partner) I am an officer (f a corporation) or a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • In her of space B. • In her of space B. • In her of space B. • Officer or partnership is an other of a corporation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • In her of space B. • Officer or partnership is an other of a corporation or partnership) is an other of a corporation or partnership. • In her of space B. • In the off space B. • In ther of space B.	for Further	Name	Mitchell Maier		Teleph	none (608) 886-8210
Email Fax (optional) O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or • (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified a number of the cable system as identified in line 1 of space B; or • (Officer or partner) I am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B; information, and belief, and are made in good taith. (If U.S.C., Section 1001(1986)) V View or printed max V View or printed name: V Typed or printed name: Thomas Bader Title: Assistant Treasurer Title: Cesting patient bit in corporation or partnership)		Address	(Number, street, rural route, apartment Madison, WI 53593	, or suite nu	imber)	
Certification • I. the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership. or (Officer 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 system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and corporation in withowledge, information, and belief, and are made in good faith. (18 U.S.C., Section 1001(1986)) A // S/ Thomas Bader There 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: Thomas Bader The Assistant Treasurer (The of othelal position held in corporation pratmership)		Email		.com	Fax (optional)	
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: Thomas Bader Title: Assistant Treasurer (Title of official position held in corporation or partnership)	-	I, the undersigned, (Owner (Agent X (Office I have examined th are true, complete	, hereby certify that (Check one, <i>bu</i> other than corporation or partne of owner other than corporation in line 1 of space B and that the or or partner) I am an officer (if a c in line 1 of space B. he statement of account and herete e, and correct to the best of my kno	ut only one ership) I a or partne owner is r orporation	e, of the boxes.) arm the owner of the cable system as identified in line 1 of space B; or prship) I am the duly authorized agent of the owner of the cable system not a corporation or partnership; or n) or a partner (if a partnership) of the legal entity identified as owner of under penalty of law that all statements of fact contained herein	
Title: Assistant Treasurer (Title of official position held in corporation or partnership)				Enter an	electronic signature on the line above to certify this statement.	_
(Title of official position held in corporation or partnership)			Typed or printed n	ame:	Thomas Bader	
Date: February 12, 2025						
			Date:		February 12, 2025	

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: 2024/02	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Metrocom, LLC	6382
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 following 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 subscribers 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 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? X NO YES. Enter the total here and list the satellite carrier(s) below.	P 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 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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here x	-
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	-
 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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