This form is effective	ve beginning with the January 1 to June 30, 2017 accounting period	1 (2017/1)
If you are filing for a p	prior accounting period, contact the Licensing Division for the correct for	rm.

## SA1-2E Short Form

				Return completed workbook by
STATEME		FOR COPYRIG	HT OFFICE USE ONLY	email to:
for Secondar	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
	ms (Short Form)		\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202)
in the first tab o	of this workbook	2/28/2025	ALLOCATION NUMBER	707-8150
Α	ACCOUNTING PERIOD COVERED B	Y THIS STATEMENT: (YYYY/(F	Period))	
	2024/02	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	202	42 Barcode Data Filing Period (optional - s	ee instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of the subsidiary, not that of the parent corporation		another corporation, give the full corporate title	of the
Owner	List any other name or names under which	the owner conducts the business of the cable	e system.	
	If there were different owners during the ar of account and royalty fee payment coverin	÷	day of the accounting period should submit a sing	le statement
	Check here if this is the system's first filing.	If not, enter the system's ID number assigned	d by the Licensing Division.	63896
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	TDS Metrocom, LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		

		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		<b>CUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
C System		
C System		a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
C System		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.
C System	names 1	a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.          IDENTIFICATION OF CABLE SYSTEM:         TDS Telecom, Inc.         MAILING ADDRESS OF CABLE SYSTEM:
C System		a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: TDS Telecom, Inc.
C System	names 1	a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.          IDENTIFICATION OF CABLE SYSTEM:         TDS Telecom, Inc.         MAILING ADDRESS OF CABLE SYSTEM:

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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period: 2	024/02	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	TDS Metrocom, LLC	63896
D Area Served	Instructions: List each separate community served by the cable system. A "communi 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 se "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h city.	ty" is the same as a "community unit" as defined in FCC rules: "a unities within unincorporated areas and including single, discrete rve as a form of system identification hereafter known as the
	CITY OR TOWN	STATE
First	Sheboygan Falls	WI
Community		
Add Rows as Necessary		

Accounting Period:	: 2024/02								EODM S	A1-2E. PAGE 2
	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:								STEM ID
Name	TDS Metrocom, LLC									63896
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION SE In General: The information in spar system, that is, the retransmission about other services (including pay last day of the accounting period (J Number of Subscribers: Both b down by categories of secondary tr each category by counting the num separately for the particular service Rate: Give the standard rate cha unit in which it is generally billed. (E category, but do not include discou Block 1: In the left-hand block in systems most commonly provide to that applies to your system. Note: N categories, that person or entity shi subscriber who pays extra for cable first set" and would be counted onc Block 2: If your cable system has	ce E should covo of television and cable) in space une 30 or Decer locks in space E ansmission serv ber of billings in at the rate indic rged for each ca Example: "\$20/m nts allowed for a space E, the for o their subscriber Where an indivic ould be counted e service to addit e again under "S	er all cate I radio bru F, not he nber 31, call for t ice. In get that cate ated—not tegory of th"). Sum dvance p rm lists th rs. Give t lual or or as a sub tional set Service to	egories of secon badcasts by you ere. All the facts as the case may he number of su eneral, you can of gory (the number of the number of f service. Include marize any star bayment. he categories of he number of su ganization is rec scriber in each a s would be inclu	r system to you state n / be). bscribers to compute the er of persor sets receive both the a dard rate v secondary bscribers a eiving serv applicable of ded in the o )."	o subscribers. Gir nust be those ex o the cable syste e number of sub- ns or organization ving service). amount of the ch variations within a transmission set and rate for each ice that falls und category. Examp count under "Ser	ve infor sting o em, bro scribers as char arge ar a partic vice tha listed o er diffe e: a reavice to	mation n the ken s in ged d the ular rate at cable category rent sidential the		
	printed in block 1 (for example, tiers with the number of subscribers and sufficient.	s of services tha	t include	one or more see	condary tra	nsmissions), list	them, t	ogether		
	BL	OCK 1					BL	OCK 2	NO. 05	1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE		NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set • Service to additional set(s)		127	\$30/mo						
	<ul> <li>FM radio (if separate rate)</li> </ul>									
	Motel, hotel									
	Commercial									
	Converter		407							
	Residential     Non-residential		127	\$6/Mo.						
	- Non-residential									
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECON In General: Space F calls for rate ( not covered in space E, that is, tho service for a single fee. There are t furnished at cost or (2) services or amount of the charge and the unit i enter only the letters "PP" in the rat Block 1: Give the standard rate of Block 2: List any services that you listed in block 1 and for which a sep brief (two- or three-word) description	(not subscriber) i se services that wo exceptions: ) facilities furnishe n which it is usu e column. charged by the cour cable system parate charge wa	information are not of you do not ad to non ally billed able system furnishe as made	on with respect t offered in combin ot need to give ra subscribers. Rat I. If any rates are tem for each of t or offered dur or established. L	ation with a ate informati e informati e charged c he applicat ng the acc	any secondary tr tion concerning ( on should includ on a variable per- ole services liste ounting period th	ansmis 1) serv e both t prograt d. at were	sion ices the m basis, e not		
		BLO							BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERVI tion: Non-resid		RATE	CA	ATEGOR	Y OF SERVICE	RATE
	• Pay cable	\$8.00-\$15.00		el, hotel	Fillal					
	• Pay cable—add'l channel		-	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						
	<ul> <li>Additional set(s)</li> </ul>	\$0-\$49.95	Other s	ervices:						
	<ul> <li>FM radio (if separate rate)</li> </ul>		• Rec	onnect		\$0-\$25.00				
	• Converter		• Disc	connect						
			• Out	et relocation		19.98-39.96				
			• Mov	ve to new addres	s					

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM I
Name	TDS Metrocom, LLC			638
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system of FCC rules and regulations in e 76.59(d)(2) and (4), 76.61(e)(2 substitute program basis, as e <b>Substitute Basis Stations:</b> W	fy every television station (including trans luring the accounting period, <i>except</i> (1) s (ffect on June 24, 1981, permitting the ca 2) and (4), or 76.63 (referring to 76.61(e)( xplained in the next paragraph. /ith respect to any distant stations carriec , regulations, or authorizations:	stations carried only on a part-time basis rriage of certain network programs [sect 2) and (4))]; and (2) certain stations carr	under ions ried on a
	Do not list the station here in station was carried only on a s List the station here, and also basis. For further information of Column 1: List each station's multicast stream associated w "WETA-2" as the same on the Column 2: Give the channel r of license. For example, WRC Column 3: Indicate in each ca educational station, by enterin (for independent multicast), "E	a space G—but do list it in space I (the Sp substitute basis. b in space I, if the station was carried bot concerning substitute basis stations, see call sign. <i>Do not</i> report origination progra ith a station according to its over-the-air of	h on a substitute basis and also on some page (v) of the general instructions. am services such as HBO, ESPN, etc. It designation. For example, report multist in station for broadcasting over the air in on, an independent station, or a noncom etwork multicast), "I" (for independent), M" (for noncommercial educational multi	e other dentify each ream its community mercial I-M"
	Column 4: Give the location of	f each station. For U.S. stations, list the on stations, if any, give the name of the co	community to which the station is license	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBAY	2.1	N	Green Bay, WI
	WBAY-DT2	2.2	N-M	Green Bay, WI
Add Rows as Necessary	WBAY - DT3	2.3	N-M	Green Bay, WI
	WBAY-DT4	2.4	N-M	Green Bay, WI
	WBAY-DT5	2.5	N-M	Green Bay, WI
	WBAY-DT6	2.6	N-M	Green Bay, WI
	WLUK	11.1	N	Green Bay, WI
	WLUK-DT2	11.2	N-M	Green Bay, WI
	WLUK-DT3	11.3	N-M	Green Bay, WI
	WCWF	14.1	I	Green Bay, WI
	WCWF-DT2	14.2	I-M	Green Bay, WI
	WCWF-DT3	14.3	I-M	Green Bay, WI
	WCWF-DT4	14.4	I-M	Green Bay, WI
	WCWF-DT5	14.5	I-M	Green Bay, WI
	WACY	32.1	L	Green Bay, WI
	WACY-DT2	32.2	I-M	Green Bay, WI
	WACY-DT3	32.3	I-M	Green Bay, WI
	WACY-DT4	32.4	I-M	Green Bay, WI
	WACY-DT5	32.5	I-M	Green Bay, WI
	WFRV	5.1	Ν	Green Bay, WI
	WFRV-DT2	5.2	N-M	Green Bay, WI
	WFRV-DT3	5.3	N-M	Green Bay, WI
	WFRV-DT4	5.4	N-M	Green Bay, WI
	WGBA	26.1	N	Green Bay, WI
	WGBA-DT2	26.2	N-M	Green Bay, WI
	WGBA-DT3	26.3	N-M	Green Bay, WI
	WGBA-DT4	26.4	N-M	Green Bay, WI
			I	Shawano-Green Bay, WI
	WMEI	51.1		Silawallo-Green Dav. wi
	WMEI WPNE	31.1 38.1	E	Green Bay, WI

ounting Period: 2	2024/02			FORM SA	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SY	STEM IC
Name	<b>TDS Metrocom, LLC</b>				6389
	PRIMARY TRANSMITTERS:	TELEVISION			
<u> </u>	In General: In space G, ident	ify every television station (including transl	ator stations and low power televisio	n stations)	
G		during the accounting period, except (1) st			
Primary		effect on June 24, 1981, permitting the car 2) and (4), or 76.63 (referring to 76.61(e)(2			
Transmitters:		explained in the next paragraph.			
Television	Substitute Basis Stations: V	Vith respect to any distant stations carried	by your cable system on a substitute	e program	
		s, regulations, or authorizations:	siel Statement and Draman Law)	if the s	
	station was carried only on a	n space G—but do list it in space I (the Sp substitute basis	ecial Statement and Program Log)—	ii the	
		o in space I, if the station was carried both	on a substitute basis and also on so	ome other	
		concerning substitute basis stations, see p			
		call sign. Do not report origination programity in a station according to its over-the-air d			
	"WETA-2" as the same on the		esignation. For example, report mu	usueani	
		number the FCC assigned to the television	station for broadcasting over the air	in its community	
		C is channel 4 in Washington, D.C.			
		ase whether the station is a network station g the letter "N" (for network), "N-M" (for ne			
		E" (for noncommercial educational), or "E-N			
		ns, see page (iv) of the general instructions		,	
		of each station. For U.S. stations, list the c			
	FCC. For Mexican or Canadia	in stations, if any, give the name of the cor	nmunity with which the station is ide	ntified.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	I
	WPNE-DT3	38.3	E-M	Green Bay, WI	
	WPNE-DT4	38.4	E-M	Green Bay, WI	

Accounting Pe			ΕM·					FU	RM SA1-2E. PAGE
TDS Metrocol		DLE STOT	LIVI.						6389
	,								
	every radio stat	tion carrie	d on a separate and discrete ba illy receivable by your cable sys				ed on an		н
eceivable if (1) it on the basis of m For detailed infor paper SA1-2 form Column 1: Ide Column 2: Sta Column 3: If th	is carried by the onitoring, to be mation about the mation about the call single whether the me radio station.	he system received he Copyri gn of each station is a's signal	and FM Carriage: Under Copyri whenever it is received at the s at the headend, with the system ght Office regulations on this po n station carried. AM or FM. was electronically processed by ark in the "S/D" column.	syster n's Fl pint, s	m's headend, a M antenna, dui see page (v) of	and (2) it can be ring certain stat the general ins	e expecte ed interv structions	id, als. in the.	Primary Transmitters: Radio
Column 4: Giv	ve the station's	location (	the community to which the static community with which the statio			ne FCC or, in th	ie case o	f	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A									
									•
									1

Accounting Period							FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYSTEM ID#
Name	TDS Metrocom, LLC							63896
l Substitute	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, regulatio	ons, or authoriz	ations. For a furth		
Substitute Carriage: Special	1. SPECIAL STATEMENT		• • • • • •					
Statement and		-		-	nonnotwork to	lovicion program		
Program Log	During the accounting period	-	able system can	y, on a substitute basis, any				V
	broadcast by a distant station	on?					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	
	log in block 2.							
	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	m") 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.r that your syst the letter "P"	g the accounting g of another statio arther 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	h /	
		SUBSTITUT	E PROGRAM			BSTITUTE CAR	RIAGE	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. TIMES	З ТО	DELETION
	N/A							
						_		
						-		
						_		
						_		
			<u> </u>					
						_		
			<u> </u>					
						_		
			<b> </b>					

Accounting Period: 2	024/02	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	S	YSTEM ID; 6389(
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	2,357.87
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>		
	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-mol 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		
	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)	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		

Channels       to its subscribers, and (2) the cat         I. Enter the total number of channels       1. Enter the total number of channels         2. Enter the total number of activation on which the cable system carried television broat       2. Enter the total number of activation on which the cable system carried number of activation on which the cable system carried television broat         N       INDIVIDUAL TO BE CONTACTER         Individual to       Be Contacted         See Contacted       Name         Information       Address         525 Junction       Certification         Certification       CERTIFICATION (This statement of the undersigned, hereby certify the undersigned is the statement of the undersis the statement of the undersigned is the stat	he number of channels on which the c le system's total number of activated hels on which the cable dcast stations		SYSTEM 63 ions 
M       Instructions: You must give (1) it to its subscribers, and (2) the cab         Channels       1. Enter the total number of channels         1. Enter the total number of activation broad       2. Enter the total number of activation which the cable system can and nonbroadcast services         N       INDIVIDUAL TO BE CONTACTER we can contact about this statement of for Further Information         Name       Mitchell Mathematical Mat	le system's total number of activated hels on which the cable dcast stations	channels during the accounting period.	
Individual to       we can contact about this statemed         Be Contacted       Name       Mitchell Ma         Information       Address       525 Junction         Address       525 Junction       (Number, street, number, st		EEDED (Identify an individual to whom	
for Further Information       Name       Mitchell Ma         Address       525 Junction (Number, street, ru- Madison, V (City, town, state, z         Email       Email         O       CERTIFICATION (This statement of · I, the undersigned, hereby certify the			
(Number, street, ru Madison, V (City, town, state, z Email Fin Certification • I, the undersigned, hereby certify th	ier		Telephone (608) 886-8210
CERTIFICATION (This statement of Certification • I, the undersigned, hereby certify th	ral route, apartment, or suite number) /I 53593		
Certification • I, the undersigned, hereby certify th	ance@tdstelecom.com	Fax (optiona	al)
in line 1 of space (Officer or partner) I an in line 1 of space • I have examined the statement of a	at (Check one, <i>but only one</i> , of the box <b>pration or partnership</b> ) I am the owner <b>nan corporation or partnership</b> ) I am e B and that the owner is not a corporation an an officer (if a corporation) or a partner e B. coount and hereby declare under penal he best of my knowledge, information, a	of the cable system as identified in line 1 of spat the duly authorized agent of the owner of the cal tion or partnership; or r (if a partnership) of the legal entity identified as	bace B; or able system as identified as owner of the cable system
	Enter an electronic si	nas Bader gnature on the line above to certify this statem an "/s/ signature" (e.g., /s/ John Smith)	nent.
Ту	bed or printed name: Thomas	Bader	
Titl		urer I in corporation or partnership)	
Da	(Title of official position held		

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 ID
Metrocom, LLC	6389
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	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 Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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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         Line 2       Multiply line 1 by the interest rate* and enter the sum here         x	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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