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 by
STATEME		FOR COPYRIG	GHT OFFICE USE ONLY	email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Syster	ms (Short Form)		e e e e e e e e e e e e e e e e e e e	For additional information,
General instruc	tions are located		\$	contact the U.S. Copyright Office Licensing Division at: Tel: (202)
-	of this workbook	2/28/2025	ALLOCATION NUMBER	707-8150
Α		THE STATEMENT. (WWW///		
	ACCOUNTING PERIOD COVERED BY	IHIS STATEMENT: (TTTT/(I	Period))	
			Decision - July 4 December 04	
	2024/02	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2024	2 Barcode Data Filing Period (optional - s	see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of the o subsidiary, not that of the parent corporation		f another corporation, give the full corporate title of	the
Owner	List any other name or names under which the	ne owner conducts the business of the cable	e system.	
	If there were different owners during the acc of account and royalty fee payment covering		day of the accounting period should submit a single	statement
	Check here if this is the system's first filing. I	f not, enter the system's ID number assigne	d by the Licensing Division.	63898
	LEGAL NAME OF OWNER/MAILING A	ADDRESS OF CABLE SYSTEM		
	TDS Metrocom, LLC			
	BUSINESS NAME(S) OF OWNER OF C	ABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF C	ABLE SYSTEM		
	(Number, street, rural route, apartment, or suite num	iber)		
	Madison, WI 53717 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busines names already appear in space B. In line 2,			

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.

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

TDS Telecom, Inc.

(City, town, state, zip code)

System

1

2

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	63898
D Area Served	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor city.	" is the same as a "community unit" as defined in FCC rules: "a ities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the
	CITY OR TOWN	STATE
First Community	Little Chute	WI
community		
Add Rows as Necessary		

Accounting Period:	2024/02									1-2E. PAGE 2
	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:								STEM ID
Name	TDS Metrocom, LLC									63898
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION SE In General: The information in span 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 sh- subscriber who pays extra for cable first set" and would be counted once	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 their subscriber Where an indivic puld be counted service to addit e again under "\$	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 sa a sub tional set Service to	egories of secon badcasts by you bre. All the facts as the case may he number of su eneral, you can c gory (the number of the number of f service. Include marize any stan bayment. he categories of he number of su ganization is rec scriber in each a s would be include additional set(s	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 inforr sting or em, brok scribers as charg arge and a particu vice tha listed c er differ e: a res vice to t	mation in the ken in ged d the ular rate at cable ategory ent sidential the		
	Block 2: If your cable system has printed in block 1 (for example, tiers with the number of subscribers and sufficient.	s of services tha rates, in the rigl	t include	one or more sec	condary tra	nsmissions), list	them, to	ogether		
	BL	OCK 1					BL	OCK 2	NO. OF	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SE	RVICE	SU	NO. OF BSCRIBERS	RATE
	Residential: • Service to first set • Service to additional set(s)		819	\$30/mo						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial Converter									
	Residential		819	\$6/Mo.						
	Non-residential		013	\$0/WO.						
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: y 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 to ffered in combin to need to give ra- subscribers. Rat L If any rates are the for each of to rem for each of to d or offered duri- 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	ansmiss 1) servi e both t prograr d. at were	sion ices he n basis, not		
		BLO				1			BLOCK 2	T
	CATEGORY OF SERVICE	RATE		ORY OF SERVIO		RATE	CA	TEGORY C	OF SERVICE	RATE
	Continuing Services: Pay cable	\$8.00-\$15.00		el, hotel	ential					
	Pay cable—add'l channel	+0.00 + 10100	-	nmercial		\$0 - \$50.00				
	• Fire protection		-	cable						
	•Burglar protection		· ·	cable-add'l char	nnel					
	Installation: Residential		• Fire	protection						
	• First set	\$0-\$49.95	• Burg	glar protection						
	 Additional set(s) 	\$0-\$49.95	Other s	ervices:						
	 FM radio (if separate rate) 		• Rec	onnect		\$0-\$25.00				
	• Converter		• Disc	connect						
			• Out	et relocation		19.98-39.96				
			• Mov	e 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 Substitute Basis Stations: W basis under specific FCC rules	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 carried s, regulations, or authorizations: space G—but do list it in space I (the Sp	stations carried only on a part-time basis rriage of certain network programs [sect 2) and (4))]; and (2) certain stations car d by your cable system on a substitute p	under ´ ions ried on a rogram
	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 n of license. For example, WRC Column 3: Indicate in each ca	o 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	page (v) of the general instructions. am services such as HBO, ESPN, etc. I designation. For example, report multist n station for broadcasting over the air in on, an independent station, or a noncom	dentify each ream its community mercial
	For the meaning of these term Column 4: Give the location of	" (for noncommercial educational), or "E- s, see page (iv) of the general instruction f each station. For U.S. stations, list the e n stations, if any, give the name of the co	is in the paper SA1-2 form. community to which the station is license	ed by the
	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	2.1	N-M	Green Bay, WI
Add Rows as Necessary	WBAY - DT3	2.3	N-M	Green Bay, WI
Add Rows as Necessary	WBAY-DT4	2.4	N-M	
	WBAT-DT4 WBAY-DT5	2.4	N-M	Green Bay, WI
	WBAT-DT5	2.6	N-M	Green Bay, WI
				Green Bay, WI
		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	 	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	1	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
		E 1	N	Groop Bay WI
	WFRV	5.1		Green Bay, WI
	WFRV-DT2	5.2	N-M	Green Bay, WI
	WFRV-DT2	5.2	N-M	Green Bay, WI
	WFRV-DT2 WFRV-DT3 WFRV-DT4 WGBA	5.2 5.3 5.4 26.1	N-M N-M N-M N	Green Bay, WI Green Bay, WI
	WFRV-DT2 WFRV-DT3 WFRV-DT4 WGBA WGBA-DT2	5.2 5.3 5.4 26.1 26.2	N-M N-M N-M N	Green Bay, WI Green Bay, WI Green Bay, WI
	WFRV-DT2 WFRV-DT3 WFRV-DT4 WGBA	5.2 5.3 5.4 26.1	N-M N-M N-M N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
	WFRV-DT2 WFRV-DT3 WFRV-DT4 WGBA WGBA-DT2	5.2 5.3 5.4 26.1 26.2	N-M N-M N-M N	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI
	WFRV-DT2 WFRV-DT3 WFRV-DT4 WGBA WGBA-DT2 WGBA-DT3	5.2 5.3 5.4 26.1 26.2 26.3	N-M N-M N-M N N-M N-M	Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI Green Bay, WI

					SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		5	SYSTEM ID
Hamo	TDS Metrocom, LLC				6389
	PRIMARY TRANSMITTERS:	TELEVISION			
G		tify every television station (including trans			
G		during the accounting period, <i>except</i> (1) st			
Primary		effect on June 24, 1981, permitting the car (2) and (4), or 76.63 (referring to 76.61(e)(2			
ransmitters:	substitute program basis, as	explained in the next paragraph.			
Television		With respect to any distant stations carried	by your cable system on a substitute	program	
		es, regulations, or authorizations: in space G—but do list it in space I (the Sp	ecial Statement and Program Log)—i	f the	
	station was carried only on a				
		so in space I, if the station was carried both concerning substitute basis stations, see p		me other	
		s call sign. <i>Do not</i> report origination progra		Identify each	
		with a station according to its over-the-air d	esignation. For example, report mult	istream	
	"WETA-2" as the same on th	e form. number the FCC assigned to the televisior	station for broadcasting over the air	in its community	
		C is channel 4 in Washington, D.C.			
		case whether the station is a network station			
	educational station, by enteri	ng the letter "N" (for network), "N-M" (for ne	twork multicast) "I" (for independent	"I N/"	
	(for independent multicast) "				
		E" (for noncommercial educational), or "E-N ms, see page (iv) of the general instructions	A" (for noncommercial educational m		
	For the meaning of these terr Column 4: Give the location	E [*] (for noncommercial educational), or "E-N ms, see page (iv) of the general instruction of each station. For U.S. stations, list the c	I" (for noncommercial educational miss in the paper SA1-2 form. ommunity to which the station is licer	ulticast). sed by the	
	For the meaning of these terr Column 4: Give the location	E" (for noncommercial educational), or "E-M ms, see page (iv) of the general instruction	I" (for noncommercial educational miss in the paper SA1-2 form. ommunity to which the station is licer	ulticast). sed by the	
	For the meaning of these terr Column 4: Give the location	E [*] (for noncommercial educational), or "E-N ms, see page (iv) of the general instruction of each station. For U.S. stations, list the c	I" (for noncommercial educational miss in the paper SA1-2 form. ommunity to which the station is licer	ulticast). sed by the	
	For the meaning of these terr Column 4: Give the location	E [*] (for noncommercial educational), or "E-N ms, see page (iv) of the general instruction of each station. For U.S. stations, list the c	I" (for noncommercial educational miss in the paper SA1-2 form. ommunity to which the station is licer	ulticast). sed by the	DN
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi	E" (for noncommercial educational), or "E-M ms, see page (iv) of the general instructions of each station. For U.S. stations, list the c an stations, if any, give the name of the co	I" (for noncommercial educational mi s in the paper SA1-2 form. ommunity to which the station is licer mmunity with which the station is ider	ulticast). sed by the tified.	DN
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN	E" (for noncommercial educational), or "E-I ms, see page (iv) of the general instructions of each station. For U.S. stations, list the c an stations, if any, give the name of the cor 2. B'CAST CHANNEL NUMBER	If (for noncommercial educational ministry in the paper SA1-2 form. ommunity to which the station is licer mmunity with which the station is ider 3. TYPE OF STATION	ulticast). sed by the tified. 4. LOCATION OF STATIO	DN
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WPNE-DT3	E" (for noncommercial educational), or "E-M ms, see page (iv) of the general instructions of each station. For U.S. stations, list the c an stations, if any, give the name of the col 2. B'CAST CHANNEL NUMBER 38.3	If (for noncommercial educational minutes in the paper SA1-2 form. ommunity to which the station is licer mmunity with which the station is ider 3. TYPE OF STATION E-M	Ilticast). sed by the tified. 4. LOCATION OF STATIO Green Bay, WI	DN
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WPNE-DT3	E" (for noncommercial educational), or "E-M ms, see page (iv) of the general instructions of each station. For U.S. stations, list the c an stations, if any, give the name of the col 2. B'CAST CHANNEL NUMBER 38.3	If (for noncommercial educational minutes in the paper SA1-2 form. ommunity to which the station is licer mmunity with which the station is ider 3. TYPE OF STATION E-M	Ilticast). sed by the tified. 4. LOCATION OF STATIO Green Bay, WI	DN
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WPNE-DT3	E" (for noncommercial educational), or "E-M ms, see page (iv) of the general instructions of each station. For U.S. stations, list the c an stations, if any, give the name of the col 2. B'CAST CHANNEL NUMBER 38.3	If (for noncommercial educational minutes in the paper SA1-2 form. ommunity to which the station is licer mmunity with which the station is ider 3. TYPE OF STATION E-M	Ilticast). sed by the tified. 4. LOCATION OF STATIO Green Bay, WI	DN
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WPNE-DT3	E" (for noncommercial educational), or "E-M ms, see page (iv) of the general instructions of each station. For U.S. stations, list the c an stations, if any, give the name of the col 2. B'CAST CHANNEL NUMBER 38.3	If (for noncommercial educational minutes in the paper SA1-2 form. ommunity to which the station is licer mmunity with which the station is ider 3. TYPE OF STATION E-M	Ilticast). sed by the tified. 4. LOCATION OF STATIO Green Bay, WI	DN
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WPNE-DT3	E" (for noncommercial educational), or "E-M ms, see page (iv) of the general instructions of each station. For U.S. stations, list the c an stations, if any, give the name of the col 2. B'CAST CHANNEL NUMBER 38.3	If (for noncommercial educational minutes in the paper SA1-2 form. ommunity to which the station is licer mmunity with which the station is ider 3. TYPE OF STATION E-M	Ilticast). sed by the tified. 4. LOCATION OF STATIO Green Bay, WI	<u>ЭN</u>
	For the meaning of these tern Column 4: Give the location FCC. For Mexican or Canadi 1. CALL SIGN WPNE-DT3	E" (for noncommercial educational), or "E-M ms, see page (iv) of the general instructions of each station. For U.S. stations, list the c an stations, if any, give the name of the col 2. B'CAST CHANNEL NUMBER 38.3	If (for noncommercial educational minutes in the paper SA1-2 form. ommunity to which the station is licer mmunity with which the station is ider 3. TYPE OF STATION E-M	Ilticast). sed by the tified. 4. LOCATION OF STATIO Green Bay, WI	

Accounting Pe			FM [.]					FO	RM SA1-2E. PAGE
TDS Metroco		DLE STOT							638
	,								
	every radio stat	tion carrie	d on a separate and discrete ba ally receivable by your cable sys				ed on an		н
eceivable if (1) it on the basis of m For detailed infor paper SA1-2 forn Column 1: Ide Column 2: Sta	t is carried by the conitoring, to be mation about the n. entify the call si ate whether the	he system e received he Copyri gn of each e station is	and FM Carriage: Under Copyr o whenever it is received at the s at the headend, with the syster ight Office regulations on this po- n station carried. AM or FM. was electronically processed by	sys n's oin	stem's headend, a s FM antenna, du t, see page (v) of	and (2) it can be ring certain stat f the general ins	e expecte ed interv structions	d, als. in the.	Primary Transmitters: Radio
Column 4: Giv	ve the station's	location (ark in the "S/D" column. the community to which the stat community with which the static			he FCC or, in th	ie case o	f	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A									
				1					

Accounting Period							FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYSTEM ID#
Name	TDS Metrocom, LLC							63898
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 further		
Carriage: Special	1. SPECIAL STATEMENT		• • • • • •					
Statement and		-		-	nonnotwork to	lovision program		
Program Log	During the accounting period	-	able system can	y, on a substitute basis, any				V
	broadcast by a distant station	on?					ES L	× NO
	Note: If your answer is "No",	leave the res	t of this page bla	ank. If your answer is "Yes,"	you must com	plete the program		
	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, m and day when e "5/7." s when the sul Example: a pro- r "R" if the listen ind 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 the programmin structions for fit , for example, is identified). m. Use numera system. List the . to 6:28:30 p.1 g that your sys the letter "P"	g the accounting g of another station urther information. "I Love Lucy" or the FCC or, in als, with the month times accurately n. should be tem was <i>required</i> if the listed program		
		SUBSTITUT	E PROGRAM			BSTITUTE CARR		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	то	DELETION
	N/A							
					-			
						_		
						_		
			[1			
						-		
			<u> </u>					
						_		
						_		
			 					

Accounting Period: 2	024/02			FORMS	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC				8YSTEM ID# 63898
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's seco (as identified in space E) during the accounting period. For a further explanation of how to co 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.	ondary tran compute thi	smission serv	ice	i6,052.21 pss 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than See page (vi) of the general instructions located in the paper SA1-2 form for more inform	\$527,600	o \$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 accounting period is \$52.00			nth	
	Line 1. Royalty fee for accounting period 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 (bu	ut more the	an \$137,100)		
	1. Base amount under statutory formula	2	263,800.00		
	2. Enter amount of gross receipts from space K	1	56,052.21		
	3. Subtract line 2 from line 1	1	07,747.79		
	4. Enter the amount of gross receipts from space K	\$		156,052.21	
	5. Enter the amount from line 3	\$		107,747.79	
	6. Subtract line 5 from line 4	\$		48,304.42	
	7. Multiply line 6 by .005 (enter figure here)			\$	241.52
	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			\$	241.52
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 ((but less t	han \$527,600))	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula\$	2	263,800.00		
	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)	\$		241.52	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>		20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	261.52
	EFT Trace # or TRANSACTION ID #				
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form and the Excel i				

Namo	Accounting Period: 2	024/02				FORM SA1-2E. PAGE 7.
M Instructions: You must give (1) the number of abances to valuable the cable system rando blexitotic transcent statuses to its extended setupes of additional damps the accounting period. 32 Instructions: 1: Error the distructure of additional to the cable 32 Instructions: 1: Error the distructure of additional to the cable 151 Instructions: 1: Error the distructure of additional to the cable 151 Instructions: 1: Error the distructure of additional to the cable 151 Instructions: 1: Error the distructure of additional to the cable 151 Instructions: 1: Error the distructure of additional to the cable 151 Instructions: 1: Error the distructure of additional to the cable system randot be cables 151 Instructions: 1: Error the distructure of additional to the cables 151 Instructions: 1: Error the distructure of additional to the cables 151 Instructions: 1: Error the distructure of additional to the cables 151 Instructions: 1: Error the distructure of additional to the cables 151 Instructions: 1: Error the distructure of additional to the cables 151 Instructions: 1: Error the distructure of additional to the cables 152 151	Name					SYSTEM ID# 63898
Individual to Be Contacted for Further Information Name Mitchell Maier Telephone (609) 886-8210 Address 525 Junction Rd (Name, cutation, will 53593) (City, toos, seak, user load in all statement, or submanned) Maidison, Will 53593 Brian Flagment Mitchell Maier Fax (optional) City, toos, seak, user load in all statement of account must be certified and signed in accordance with Copyright Office regulations) City, toos, seak, out officed 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 the 1 of space B, or • (Agent of owner other than corporation or partnership) I am the day sutharized agent of the cable system as identified In the 1 of space B. • I have examined the statement of account and hereby declare under penalty of two that all statements of fact contamed herein are two, complex, and correct of two comparison, and belief, and are made in good tab. (10 U.S.C. Section 1001(1980)) Enter an decrivation signature on the matcher of scored system In the 1 of space B. Typed or printed name: Thormas Bader (I'net or instan partnership) The contamed in proportion or partnership) Thormas Bader The contamed in regression or partnership) Thormas Bader In the of organe Bader The contame b		Instructions: Ye to its subscriber 1. Enter the tota system carrie 2. Enter the tota on which the	s, and (2) the cable system's tota I number of channels on which the ed television broadcast stations . I number of activated channels cable system carried television b	l number e cable	of activated channels during the accounting period.	
Information Name Mitchell Maier Telephone (608) 886-8210 Address 525 Junction Rd (Values, state, state), state state, state	Individual to			INFORM	IATION IS NEEDED (Identify an individual to whom	
(Purster, street, unit note, appartment, or suite number) Maddison, WI 53593 (City, town; side, zry) Email Fax (optional) Certification • La undersigned, hareby certify that (Check one, <i>but only one</i> , of the boxes.) • La undersigned, hareby certify that (Check one, <i>but only one</i> , of the cable system as identified in line 1 of space B, or • Qent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or • Qent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or • Qent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or • In let of space B and that the owner is not a corporation or partnership, or • Officer or partner) I am an officer (f a corporation) or a partner (f 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 the or space B.	for Further	Name	Mitchell Maier		Teleph	one (608) 886-8210
Email Fex contributated comm.com PC Certification Certification Certification Certification Certification Certification Certification or partnership) I am the owner of the cable system as identified in line 1 of space B; or Certification Certification or partnership) I am the owner of the cable system as identified in line 1 of space B; or Certification Certification Certification Certification or partnership) I am the owner of the cable system as identified in line 1 of space B; or Certification Certification Cerification Cerification		Address	(Number, street, rural route, apartmen Madison, WI 53593	t, or suite n	umber)	
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) of the legal entity identified as owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or 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 correct to the best of my knowledge, information, and beller, and are made in good faith. (18 U.S.C., Section 1001(1996)) A /s/ Thomas Bader 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 (The of official position heid in corporation or partnership)		Email		i.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 (Owned (Agent X (Office I have examined I are true, complete	I, hereby certify that (Check one, b) r other than corporation or partn of owner other than corporation in line 1 of space B and that the er or partner) I am an officer (if a c in line 1 of space B. the statement of account and heret te, and correct to the best of my kn	ut only on ership) ; or partne owner is corporation by declare owledge,	e, of the boxes.) am the owner of the cable system as identified in line 1 of space B; or ership) 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 information, and belief, and are made in good faith.	
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.

S Metrocom, LLCS SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Stability Home Views Act of 1988 amended Tile 17, section 111(0)(1)(0, 0 the Copyright Act by adding the fol- tons sciences and amounts calculated backscribers reactivity ascendres y transmissions pursuant to section 110:000 Stability as the sciences and announds calculated backscribers reactivity ascendres y transmissions pursuant to section 110:000 Stability ascendres y transmissions as a section 110:000 Stability as a section 110:000 Stability as a section 110:000 Stability as a section 100 of the reservant of the section 110:000 Stability as a section 110:000 Stability as a section 1000 Stability as a section 100 Stability as a section 1000 Stability as a section 1000 Stability asection 110:000 Stability as a section 110:000 Stabili	ounting Period: 2024/02	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Statelite from Viewer Act of 1988 amended Tite 17, section 111(0)(1)(A), of the Copyright Act by adding the fol- lowing enteries: The Statelite from the bial number of subscribers and the grote amounts paid to the cable system for the baaic softers and amounts collected from subscribers are the grote amounts paid to the cable system for the baaic concerning Q provide generation: The run of information on when to exclude these amounts, see the note on page (vii) of the general instructions Concerning Q P Special State Concerning Q P Special State Concerning Q P Special State Concerning Q P P P Special State Concerning Q P P P Special State Concerning Q P P P Special State Concerning Q P P Special State Concerning Q P P P Special State Concerning Q P P P S	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Satellite Horma Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentences In determining the total number of subscribers and the gross amounts paid to the cable system for the basic sectors and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.* For nore information on when to exclude these amounts, see the note on page (vii) of the general instructions contraining on when to exclude these amounts of gross receipts for secondary transmissions pursuant to section 119.* Image in the page of AL-2 form. Image in the page of the total here and list the satellite carrier(s) below. Image in the page of the total here and list the satellite carrier(s) below. Image in the page of the total here and list the satellite carrier(s) below. Image in the page of the page of the page of the general instructions located in the page SAL-2 form. Image in the amount of late payment or underpayment. For explanation of interest assessment, see page (viii) of the general instructions located in the page SAL-2 form. Image in the amount of late payment or underpayment. Image in the amount of late payment or underpayment. Image in the amount of late payment or underpayment. Image in the amount of late payment or underpayment. Image in the state in the same here in sum here. Image in the interest rate in the sum here. Image in the interest rate in the sum here. Image in the interest rate in the interest rate in the sum here. Image in the interest rate in the interest rate in the interest rate in the copyright gow/lensing/htterest-rate gAL. Form. Image in	Metrocom, LLC	63898
Name Name Mailing Address Mailing Address INTEREST ASSESSMENT Mailing Address You must complete this worksheet for those royally 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. Interest Assess Line 1 Enter the amount of late payment or underpayment	 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Image: Comparison of interest assessment for one day late. Image: Comparison of interest assessment for one day late. Image: Comparison of interest assessment for one day late. Image: Comparison of interest assessment for one day late. Image: Comparison of interest in the original filing. Image: Comparison of interest in the original filing. Image: Comparison of interest in the original filing. Image: Comparison of interest is assessment for one day late. Image: Comparison of interest is given in the original filing. Image: Comparison of interest is given in the original filing. Image: Comparison of interest is given in the original filing. Image: Comparison of interest is given in the original filing. Image: Comparison of interest is given in the origina		
Line 3 Multiply line 2 by the number of days late and enter the sum here	INTEREST ASSESSMENT	
x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	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 Interest Assessment
(interest charge) * 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	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	
 * 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 	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	
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.	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	days
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	days
Address	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	days
	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	days
ID number	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	days
IU numper	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	days
	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	days
First community served Accounting period	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	days

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.