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

STATEME	NT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondar	y Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
	ns (Short Form) tions are located f this workbook	2/28/2025	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Accounting	ACCOUNTING PERIOD COVERED	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Period				
	Instructions: Give the full legal name of the owner of	f the cable system. If the owner is a subsidiary of	another corporation, give the full corporate title	of the

Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		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 not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		TDS Metrocom, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		525 Junction Road
		(Number, street, rural route, apartment, or suite number) Madison, WI 53717
		(City, town, state, zip)
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.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	-	(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:	SYSTEM ID#
Name	TDS Metrocom, LLC	63908
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	Kaukauna	WI
Community		
Add Rows as Necessary		

Name         LECKL MARK OF CARLE SYSTEM:           TDS Metrocon, LLC           Total         TDS Metrocon, LLC           Secondary Transmission Service: Sub- Service: Sub- Servi											1-2E. PAGE
TOS Motrocom, LLC           E         Secondary Transmission         SECONARY TRANSMISSION SERVICE: SUBSCRIBERS AND PATES In General: The information in space Eschuld cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribes. Oke with the solution system, those system, that is, the retransmission of television and radio broadcasts by your system to subscribes. Oke with the solution of the solut	lame	LEGAL NAME OF OWNER OF CABL	E SYSTEM:							SYS	STEM ID
E         In General: The information is 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 statem to subscribers. Give information about other services including pay cable) in space F, not here. All the facts you statem to subscribers in second registering during any cable) in space F. not here. All the facts you statem to subscribers in second registering during the number of subscribers in the cable system. Those is down by categories discondry transmission service. Include both the amount of the charged segnately for the number of subscribers in the rate included—on the number of subscribers in search category by ourning the number of subscribers. The include both the amount of the charged segnately include all scherades and the rate included—on the number of subscribers in aparticular retree category. Just on on Include discounts allowed for subscribes and ret and real darged for search category of service. Include both the amount of the charged segnately include the counted one sequine (St. St. St. St. St. St. St. St. St. St.		TDS Metrocom, LLC									6390
F         Services Other Than Secondary Retes         Services of the standard rate charged by the cable system for each of the applicable services in the form of a bief (10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	L Ir sondary a smission la ice: Sub- bers and da tates e sub- tates sub- cates sub- cate	SECONDARY TRANSMISSION SE n General: The information in space system, that is, the retransmission of about other services (including pay ast day of the accounting period (Ju Number of Subscribers: Both blo down by categories of secondary tra- each category by counting the numb separately for the particular service Rate: Give the standard rate char unit in which it is generally billed. (Ex- category, but do not include discoun Block 1: In the left-hand block in s systems most commonly provide to hat applies to your system. Note: W categories, that person or entity sho subscriber who pays extra for cable irst set" and would be counted once Block 2: If your cable system has	the E should cover of television and cable) in space une 30 or Decer- ocks in space E ansmission serve our of billings in at the rate indic reged for each ca- xample: "\$20/m the allowed for a space E, the for their subscriber Vhere an individ ould be counted service to addit e again under "S a rate categories	er all cate radio bri F, not he nber 31, call for t ice. In ge that cate ated—not tegory of th"). Sum dvance p m lists th s. Give t ual or or as a sub ional set ervice to for secc	egories of secon badcasts by you ere. All the facts as the case may he number of su eneral, you can c egory (the number of 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 ondary transmiss	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 of )."	subscribers. Giv nust be those ex o the cable syste e number of sub- is or organization ing service). amount of the ch- rariations within a transmission ser ind rate for each ice that falls und ategory. Examp count under "Ser that are differer	ve inform isting on em, broke scribers i as charge arge and a particul vice that listed ca er differe le: a resi vice to th t from th	nation the en in ed I the lar rate t cable ategory ent dential ne		
BLOCK 1         BLOCK 2         NO. OF         RATE         CATEGORY OF SERVICE         SUBSCRIBERS         RATE         CATEGORY OF SERVICE         SUBSCRIB           Residential:         • Service to first set         • Service to additional set(s)         • FM radio (if separate rate)         • Service to additional set(s)         • FM radio (if separate rate)         • Service to additional set(s)         • FM radio (if separate rate)         • Service to additional set(s)         • Service			rates, in the righ	nt-hand b	olock. A two- or t	hree-word o	description of the	service	is		
CATEGORY OF SERVICE         SUBSCRIBERS         RATE         CATEGORY OF SERVICE         SUBSCRIB           Residential:	5		DCK 1					BLC	DCK 2		
Residential:       • Service to first set       577       \$30/mo         • Service to diditional set(s)       • FM radio (if separate rate)       • Services         Motel, hotel       Converter       • Services         • Residential       577       \$6/Mo.         • Non-residential       577       \$6/Mo.         • Services       In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were 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 thurs thich 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 for each of the applicable services listed.         Block 2: List any services       Rate         ChareGORY OF SERVICE       RATE					DATE	CAT					RATE
• Service to additional set(s)       • FM radio (if separate rate)         Motel, hotel	R		SUBSCRIBE	-K5	RATE	CAI	EGORT OF SEI	<b>VICE</b>	3083	CRIBERS	RATE
• FM radio (if separate rate) Motel, hotel Commercial Converter       • • • • • • • • • • • • • • • • • • •				577	\$30/mo						
Motel, hotel       Commercial         Converter		<ul> <li>Service to additional set(s)</li> </ul>									
Commercial Converter · Residential · Non-residential · Services · Pay cable · Pay cable · Pay cable · Pay cable · Pay cable · Pay cable · Nation · Nation is set(s) · Non-residential · Notel, notel · Pay cable · Pay cable · Nation is residential · Notel, notel · Pay cable · Pay cable · Pay cable · Pay cable · Nation is residential · Notel, notel · Pay cable · Pay cable · Pay cable · Pay cable · Pay cable · Pay cable · Nation is residential · Notel, notel · Pay cable · Pay		• FM radio (if separate rate)									
Converter         Residential         577         \$6/Mo.           • Non-residential         577         \$6/Mo.           F         Services         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 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 insted.         Block 1: Give the standard rate charge do y the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.         BLOCK 1         BLOCK 1           CATEGORY OF SERVICE         RATE         CATEGORY OF SERVICE         RATE         CATEGORY OF SERVICE         CATEGORY OF SERVICE         RATE         CATEGORY OF SERVICE         RATE         CATEGORY OF SERVICE         Notel, hotel         •Notel, hotel	M	lotel, hotel									
• Residential       577       \$6/Mo.         • Non-residential       Services       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 of 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.         Transmissions:       Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.         Block 1: Live the "SPP" in the rate column.       Block 1: 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.         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE         Pay cable       \$8.00-\$15.00       Installation: Residential       •Nortesidential       •Nortesidential         • Fire protection       •Pay cable       \$0-\$50.00       •Pay cable       •Pay cable         • Fire protection       •Pay cable       •Pay cable       <	c	Commercial									
•Non-residential       Services         F       Services Other Than Secondary transmissions service for a single fee. There are two exceptions: you do not need to give 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.         Biock 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.       BLOCK 1       BLOCK 1         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         · Pay cable       issued"       issued"       issued"       · Model, hotel       · Pay cable         · Fire protection       · Pay cable       · Model, hotel       · Pay cable	c	Converter									
F       Services       In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were 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 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 1: Give the standard rate charged by the cable system for each of the applicable services listed.         Block 1: Give the standard rate charged by the cable system formshed 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.         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE         Pay cable       \$8.00-\$15.00       • Motel, hotel       • Ontomercial       \$0 - \$50.00       • Pay cable         • Fire protection       • Pay cable       \$0.543.95       • S0-\$43.95       • Burglar protection       • Pay cable       • Fire protection         • Fire stat       \$0.543.95       \$0.543.95       • Pay cable       • S0-\$425.00       • Pay cable         • Fire rotection       • Fire protection       • Reconnect       \$0-\$250.00		Residential		577	\$6/Mo.						
F       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 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.         Transmissions: Rates       Block 1: Give the standard rate charge 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.         BLOCK 1       BLOCK 1       BLOCK 1         Cattegory OF SERVICE       RATE       CATEGORY OF SERVICE         Pay cable       \$8.00-\$15.00       •Motel, hotel       •Commercial         •Pay cable       \$0-\$249.95       •Motel, hotel       •Pay cable         •Fire protection       •Pay cable       •Pay cable       •Pay cable         •Fire stet       \$0-\$49.95       •Pay cable       •Pay cable         •Fire stet       \$0-\$49.95       •Pay cable       •Pay cable         •Fire stet       \$0-\$49.95       •Pay cable       •Pay cable		Non-residential									
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERContinuing Services: • Pay cableInstallation: Non-residential • Motel, hotelNotel, hotel• Pay cable—add'I channel• Commercial\$0 - \$50.00• Fire protection • Burglar protection• Pay cable-add'I channel• Commercial• Burglar protection • First set• Pay cable-add'I channel• Fire protection• First set • Additional set(s)\$0-\$49.95• Burglar protection• FM radio (if separate rate) • Converter• Reconnect\$0-\$25.00	F In Signature Freiter Frances freiter Franter Franter Franter Franter Frank F	n General: Space F calls for rate (r not covered in space E, that is, thos service for a single fee. There are tw urnished at cost or (2) services or fa amount of the charge and the unit in enter only the letters "PP" in the rate Block 1: Give the standard rate c Block 2: List any services that yo isted in block 1 and for which a sepa	not subscriber) i se services that wo exceptions: y acilities furnishe which it is usua column. harged by the c ur cable system arate charge wa	nformationare not of you do not do to non ally billed able system furnishe as made	on with respect to offered in combin- ot need to give ra- subscribers. Rat I. If any rates are tem for each of to or offered duri- or established. L	ation with a ate information e information e charged of he application ng the according	any secondary tr tion concerning ( on should includ in a variable per- ole services liste punting period th	ansmissi 1) servic e both th program d. at were i	ion xes le l basis, not		
Continuing Services: • Pay cableInstallation: Non-residential • Motel, hotelInstallation: Non-residential• Pay cable\$8.00-\$15.00• Motel, hotel• Pay cable• Commercial\$0 - \$50.00• Fire protection• Pay cable• Burglar protection• Pay cable-add'l channel• Installation: Residential• Fire protection• First set\$0-\$49.95• Additional set(s)\$0-\$49.95• FM radio (if separate rate)• Reconnect• Converter• Disconnect			BLO	CK 1					BL	OCK 2	
• Pay cable\$8.00-\$15.00• Motel, hotel			RATE				RATE	CAT	FEGORY OF	SERVICE	RATE
• Pay cable—add'l channel       • Commercial       \$0 - \$50.00         • Fire protection       • Pay cable       • Pay cable         • Burglar protection       • Pay cable-add'l channel       • Pay cable-add'l channel         • Installation: Residential       • Fire protection       • Fire protection         • First set       \$0-\$49.95       • Burglar protection         • Additional set(s)       \$0-\$49.95       Other services:         • FM radio (if separate rate)       • Reconnect       \$0-\$25.00         • Converter       • Disconnect       \$0-\$25.00	c	÷				ential					
• Fire protection       • Pay cable       • Pay cable         • Burglar protection       • Pay cable-add'l channel       • Pay cable-add'l channel         Installation: Residential       • Fire protection       • Pay cable         • First set       \$0-\$49.95       • Burglar protection         • Additional set(s)       \$0-\$49.95       Other services:         • FM radio (if separate rate)       • Reconnect       \$0-\$25.00         • Converter       • Disconnect       \$0-\$25.00		,	\$8.00-\$15.00		<i>,</i>						
•Burglar protection       •Pay cable-add'l channel         Installation: Residential       •Fire protection         •First set       \$0-\$49.95         •Additional set(s)       \$0-\$49.95         •FM radio (if separate rate)       •Reconnect         •Converter       •Disconnect							\$0 - \$50.00				
Installation: Residential       • Fire protection         • First set       \$0-\$49.95         • Additional set(s)       \$0-\$49.95         • FM radio (if separate rate)       • Reconnect         • Converter       • Disconnect		· ·									
• First set     \$0-\$49.95     • Burglar protection       • Additional set(s)     \$0-\$49.95     Other services:       • FM radio (if separate rate)     • Reconnect     \$0-\$25.00       • Converter     • Disconnect     • Disconnect		<ul> <li>Burglar protection</li> </ul>		• Pay	cable-add'l char	nnel					
Additional set(s)     FM radio (if separate rate)     Converter     Converter     Converter     Converter	Ir	nstallation: Residential		• Fire	protection						
• FM radio (if separate rate)     • Converter     • Disconnect     • Disconnect		• First set	\$0-\$49.95	• Burg	glar protection						
Converter     Disconnect		<ul> <li>Additional set(s)</li> </ul>	\$0-\$49.95	Other s	ervices:						
		• FM radio (if separate rate)		• Rec	onnect		\$0-\$25.00				
• Outlet relocation     19.98-39.96		• Converter		• Disc	connect						
				• Out	et relocation		19.98-39.96				
Move to new address				• Mov	ve to new addres	s					

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM I					
Naille	TDS Metrocom, LLC			639					
	PRIMARY TRANSMITTERS:	TELEVISION							
G 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 under 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								
	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	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 form. number the FCC assigned to the televisio C is channel 4 in Washington, D.C. use whether the station is a network static	page (v) of the general instructions. Im services such as HBO, ESPN, etc. designation. For example, report multis In station for broadcasting over the air ir In, an independent station, or a noncom	ldentify each tream n its community nmercial					
	(for independent multicast), "E For the meaning of these term <b>Column 4:</b> Give the location of	g the letter "N" (for network), "N-M" (for n ." (for noncommercial educational), or "E- is, see page (iv) of the general instructior if each station. For U.S. stations, list the o n stations, if any, give the name of the co	M" (for noncommercial educational multis in the paper SA1-2 form. community to which the station is licens	ticast). 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	2.2	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						
		2.4	N-M	Green Bay, WI					
	WBAY-DT5			Green Bay, WI					
	WBAY-DT6	2.6	N-M	Green Bay, WI					
		11.1	N	Green Bay, WI					
	WLUK-DT2	11.2	N-M	Green Bay, WI					
	WLUK-DT3	11.3	<u>N-M</u>	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	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					
	WFRV	5.1	N	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					
			N-M	Green Bay, WI					
	WGBA-DT3	26.3	14-141						
	WGBA-DT3 WGBA-DT4	26.3 26.4	N-M	Green Bay, WI					

ounting Period: 2	2024/02			FORM SA1-2E. PA					
Name	LEGAL NAME OF OWNER OF O	ABLE SYSTEM:		SYSTEM					
Name	TDS Metrocom, LLC			63					
	PRIMARY TRANSMITTERS:	TELEVISION							
0	In General: In space G, ident	ify every television station (including trans	ator stations and low power television	n stations)					
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							
Transmitters:		explained in the next paragraph.							
Television		Vith respect to any distant stations carried	by your cable system on a substitute	program					
		s, regulations, or authorizations: n space G—but do list it in space I (the Sp	soial Statement and Dragram Log	if the					
	station was carried only on a		ecial Statement and Program Log)—						
	List the station here, and als	o in space I, if the station was carried both		ome other					
		concerning substitute basis stations, see p		lala sette e a a la					
		call sign. <i>Do not</i> report origination progra vith a station according to its over-the-air d							
	"WETA-2" as the same on the	0	esignation. For example, report num						
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community								
	of license. For example, WRC is channel 4 in Washington, D.C. <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial								
		ase whether the station is a network station is a network station in the letter "N" (for network), "N-M" (for							
		E" (for noncommercial educational), or "E-N							
		ns, see page (iv) of the general instruction							
		of each station. For U.S. stations, list the c an stations, if any, give the name of the co							
	FCC. FOI MEXICAL OF CALIAGE			luneu.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WPNE-DT3	38.3	E-M	Green Bay, WI					
	WPNE-DT4	38.4	E-M	Green Bay, WI					
				•					

Accounting Pe			EW					FU	RM SA1-2E. PAGE
TDS Metrocol		DLE STOT	LIVI.						6390
	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	is carried by the onitoring, to be mation about the n. Intify the call signate whether the	he system received he Copyri gn of each station is	and FM Carriage: Under Copyr 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	syst n's ∣ oint,	em's headend, a FM antenna, dui see page (v) of	and (2) it can be ring certain stat the general ins	e expecte ed intervations	d, als. in the.	Primary Transmitters: Radio
signal, indicate th Column 4: Giv	his by placing a /e the station's	check ma location (	ark in the "S/D" column. the community to which the stat community with which the statio	tion	is licensed by th				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Щ	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A									

Accounting Period							FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYSTEM ID#
Name	TDS Metrocom, LLC							63908
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, regulatic	ons, or authoriz	ations. For a		
Carriage: Special Statement and Program Log	1. SPECIAL STATEMENT	CONCERNIN	NG SUBSTITUT				gram	
	broadcast by a distant station <b>Note:</b> If your answer is "No",		t of this page bla	ank. If your answer is "Yes," y	/ou must com	plete the pro	gram	NO
	period, was broadcast by a c under certain FCC rules, reg Do not use general categoria "NBA Basketball: 76ers vs. E Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Cana Column 5: Give the mont first. Example: for May 7 give Column 6: State the time: to the nearest five minutes. I stated as "6:00–6:30 p.m."	tute program c e, please add f every nonne listant station ulations, or au es like "movies Bulls." was broadcas ign of the stati dcast station's adian station's adian stations, h and day whe e "5/7." s when the sul Example: a pro- r "R" if the listen nd regulations	on a separate lin additional rows twork television and that your ca uthorizations. See s" or "basketball. st live, enter "Yes on broadcasting location (the co if any, the comr en 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 st / a system from 6:01:15 p.m. substituted for programming the accounting period; enter	n") that, durin e programmir structions for fi for example, is licensed by is identified). n. Use numer ystem. List the to 6:28:30 p. that your sys the letter "P"	g the accoun og of another urther inform "I Love Lucy" the FCC or, als, with the r e times accur m. should be tem was <i>requ</i> if the listed p	ting station ation. " or in month ately <i>uired</i>	
								7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— то	
	N/A							
							<del></del>	
							_	
							_	
							_	

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: 63908
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	<b>4,472.51</b> ss receipts)
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		

Accounting Period: 2	024/02				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OW TDS Metrocom, I	NER OF CABLE SYSTEM: LLC			SYSTEM ID# 63908
M Channels	to its subscribers, 1. Enter the total system carried 2. Enter the total on which the c	, and (2) the cable system's total number of channels on which the	number cable		
N Individual to		BE CONTACTED IF FURTHER bout this statement of account.)	INFORM	IATION IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name	Mitchell Maier		Telepho	one (608) 886-8210
	Address	525 Junction Rd (Number, street, rural route, apartment Madison, WI 53593 (City, town, state, zip)	, or suite n	umber)	
	Email	Finance@tdstelecom	<u>.com</u>	Fax (optional)	
O Certification	I, the undersigned,     (Owner     (Agent c     X     (Officer     I have examined th	hereby certify that (Check one, but other than corporation or partn of owner other than corporation in line 1 of space B and that the r or partner) I am an officer (if a c in line 1 of space B. the statement of account and heret and correct to the best of my know	ut only on ership) I : or partne owner is I orporation by declare bwledge,	am the owner of the cable system as identified in line 1 of space B; or <b>ership)</b> 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 t under penalty of law that all statements of fact contained herein information, and belief, and are made in good faith.	
				/s/ Thomas Bader electronic signature on the line above to certify this statement. inature using an "/s/ signature" (e.g., /s/ John Smith)	_
		Typed or printed n	ame:	Thomas Bader	
		Title:		ant Treasurer ial position held in corporation or partnership)	
		Date:		February 12, 2025	
Delana Arthur	0			inht Office to collect the personally identifying information (PII) requested on	41

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	6390
<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     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
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