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 email to:

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

DATE RECEIVED	AMOUNT
	\$ ALLOCATION NUMBER

## coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2023/02 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period	20232 Barcode Data Filing Period (optional - see instructions)
Fentou	
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>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	TDS Telecom, Inc.
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)
Privacy Act Notice	Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID			
Name	TDS Metrocom, LLC	6393			
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the				
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	le home parks should be reported in parentheses below the			
	CITY OR TOWN	STATE			
First Community	Janesville				
Add Rows as Necessary					

	FC LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name		ABLE SYSTEM						515	TEM I 639
	TDS Metrocom, LLC								
F	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND R	ATES				
Ε	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).							sting on the	
Service: Sub-	Number of Subscribers: Bot						able syste	m, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the r separately for the particular service		-	•••		•	•	is charged	
	<b>Rate:</b> Give the standard rate of					•	,	irge and the	
	unit in which it is generally billed	•	•	•				•	
	category, but do not include dis								
	Block 1: In the left-hand block systems most commonly provid			•		•			
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						nder "Serv	vice to the	
	first set" and would be counted Block 2: If your cable system	•			• • •		e different	from those	
	printed in block 1 (for example,	•		•					
	with the number of subscribers					•			
	sufficient.								
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	<ul> <li>Service to first set</li> </ul>		1,065	\$25/mo					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	<ul> <li>Residential</li> </ul>	•	1,065	\$8/Mo.					
	<ul> <li>Non-residential</li> </ul>								
	SERVICES OTHER THAN SEC						otom'a aa	nuises that wars	
F	In General: Space F calls for ra not covered in space E, that is,	•			•				
-	service for a single fee. There a					•			
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the u		s usually	billed. If any r	ates are c	harged on a var	iable per-	program basis,	
Secondary ransmissions:	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.								
Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			tion: Non-res	idential				
	• Pay cable	\$8.00-\$15.00		el, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>		_	nmercial		\$0 - \$50.00			
	Fire protection			cable	_				
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	\$0-\$50.00		glar protection					
	• Additional set(s)	\$0-\$50.00		services:					
	• FM radio (if separate rate)			connect		\$0-\$25.00			
	Converter			connect		40.00.00.00			
			• Out	let relocation		19.98-39.96			
				e to new addr					

Mana	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYST			
Name	TDS Metrocom, LLC						
	PRIMARY TRANSMITTERS:	TELEVISION					
G	<b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections						
Primary ansmitters:		(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	51(e)(2) and (4))]; and (2) certain s	stations carried on a			
elevision	Substitute Basis Station	s: With respect to any distant stations ca	arried by your cable system on a s	substitute program			
		rules, regulations, or authorizations: ere in space G—but do list it in space I (tl	he Special Statement and Program	m Log)—if the			
	station was carried <i>only</i> of	on a substitute basis. d also in space I, if the station was carried	d both on a substitute basis and a	les on some other			
	basis. For further informat	tion concerning substitute basis stations,	, see page (v) of the general instru	uctions.			
		on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	•	•			
	"WETA-2" as the same on <b>Column 2:</b> Give the chan	n the form. nel number the FCC assigned to the tele	evision station for broadcasting ov	er the air in its community			
	of license. For example, V	WRC is channel 4 in Washington, D.C.	-				
		ch case whether the station is a network : tering the letter "N" (for network), "N-M" (	-				
	(for independent multicast	t), "E" (for noncommercial educational), o terms, see page (iv) of the general instru	or "E-M" (for noncommercial education	. ,			
	Column 4: Give the locati	ion of each station. For U.S. stations, list	t the community to which the station	-			
	FCC. For Mexican or Cana	adian stations, if any, give the name of the tame of the stations of the station	he community with which the station	on is identified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	WKOW	27.1	N	Madison, WI			
	WKOW-DT2	27.2	N-M	Madison, WI			
Rows as Necessary	WKOW-DT3	27.3	N-M	Madison, WI			
	WKOW-DT4	27.4	N-M	Madison, WI			
	WKOW-DT5	27.5	N-M	Madison, WI			
	WKOW-DT5	27.5	N-M	Madison, WI			
	WKOW-DT5 WISC	27.5 3.1	N-M N	Madison, WI Madison, WI			
	WKOW-DT5 WISC WISC-DT2	27.5 3.1 3.2	N-M N N-M	Madison, WI Madison, WI Madison, WI			
	WKOW-DT5 WISC WISC-DT2 WISC-DT3	27.5 3.1 3.2 3.3	N-M N N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI			
	WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN	27.5 3.1 3.2 3.3 47.1	N-M N N-M N-M N	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2	27.5 3.1 3.2 3.3 47.1 47.2	N-M N N-M N-M N N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3	27.5 3.1 3.2 3.3 47.1 47.2 47.3	N-M N N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4	27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4	N-M N N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV	27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4 15.1	N-M N N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2	27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2	N-M N N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI Madison, WI			
	WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT2 WMSN-DT3 WMSN-DT4 WMTV WMTV-DT2 WMTV-DT2	27.5 3.1 3.2 3.3 47.1 47.2 47.2 47.3 47.4 15.1 15.2 15.3	N-M N N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI			
	WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT3 WMSN-DT4 WMTV-DT4 WMTV-DT2 WMTV-DT3 WMTV-DT4	27.5 3.1 3.2 3.3 47.1 47.2 47.3 47.4 15.1 15.2 15.3 15.4	N-M N N-M N-M N-M N-M N-M N-M N-M N-M N-	Madison, WI Madison, WI			
	WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN WMSN-DT3 WMSN-DT4 WMSN-DT4 WMTV-DT2 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT4	27.5         3.1         3.2         3.3         47.1         47.2         47.3         47.4         15.1         15.2         15.3         15.4         15.5	N-M	Madison, WI Madison, WI			
	WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT2 WMSN-DT4 WMSN-DT4 WMTV-DT2 WMTV-DT2 WMTV-DT3 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6	27.5         3.1         3.2         3.3         47.1         47.2         47.3         47.4         15.1         15.2         15.3         15.4         15.5         15.6	N-M	Madison, WI Madison, WI			
	WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT2 WMSN-DT4 WMSN-DT4 WMTV-DT4 WMTV-DT2 WMTV-DT3 WMTV-DT4 WMTV-DT5 WMTV-DT6 WHA	27.5         3.1         3.2         3.3         47.1         47.2         47.3         47.4         15.1         15.2         15.3         15.4         15.5         15.6         21.1         21.2	N-M         N-M	Madison, WI Madison, WI			
	WKOW-DT5 WISC WISC-DT2 WISC-DT3 WMSN-DT3 WMSN-DT4 WMSN-DT4 WMTV-DT4 WMTV-DT3 WMTV-DT3 WMTV-DT5 WMTV-DT5 WMTV-DT6 WHA WHA-DT2	27.5         3.1         3.2         3.3         47.1         47.2         47.3         47.4         15.1         15.2         15.3         15.4         15.5         15.6         21.1	N-M N-M N-M N-M N-M N-M N-M N-M N-M N-M	Madison, WI Madison, WI			

ounting Period:	-			FORM SA1-2E. F		
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE		
	TDS Metrocom, LLC			6		
	PRIMARY TRANSMITTERS:	TELEVISION				
6			g translator stations and low power tel			
G			ot (1) stations carried only on a part-tir			
Primary	5	· · · · · · ·	the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stati	-		
ransmitters:	substitute program basis, as	s explained in the next paragraph.				
Television			carried by your cable system on a sub	stitute program		
		iles, regulations, or authorizations: e in space G—but do list it in space I (	(the Special Statement and Program L	oa)—if the		
	station was carried <i>only</i> on					
		•	ed both on a substitute basis and also			
			s, see page (v) of the general instruction program services such as HBO, ESP			
			ne-air designation. For example, repo	•		
	"WETA-2" as the same on t	he form.				
		-	levision station for broadcasting over t	he air in its community		
	of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial					
	<b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"					
		case whether the station is a network	-			
	educational station, by ente (for independent multicast),	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education	ndent), "I-M"		
	educational station, by ente (for independent multicast), For the meaning of these te	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio ructions in the paper SA1-2 form.	ndent), "I-M" onal multicast).		
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education	ndent), "I-M" onal multicast). is licensed by the		
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station i	ndent), "I-M" onal multicast). is licensed by the		
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station in the community with which the station	ndent), "I-M" onal multicast). is licensed by the is identified.		
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station in the community with which the station	ndent), "I-M" onal multicast). is licensed by the is identified.		
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station in the community with which the station	ndent), "I-M" onal multicast). is licensed by the is identified.		
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station in the community with which the station	ndent), "I-M" onal multicast). is licensed by the is identified.		
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station in the community with which the station	ndent), "I-M" onal multicast). is licensed by the is identified.		
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station in the community with which the station	ndent), "I-M" onal multicast). is licensed by the is identified.		
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station in the community with which the station	ndent), "I-M" onal multicast). is licensed by the is identified.		
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station in the community with which the station	ndent), "I-M" onal multicast). is licensed by the is identified.		
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station in the community with which the station	ndent), "I-M" onal multicast). is licensed by the is identified.		
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station in the community with which the station	ndent), "I-M" onal multicast). is licensed by the is identified.		
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station in the community with which the station	ndent), "I-M" onal multicast). is licensed by the is identified.		
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station in the community with which the station	ndent), "I-M" onal multicast). is licensed by the is identified.		
	educational station, by ente (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station in the community with which the station	ndent), "I-M" onal multicast). is licensed by the is identified.		

EGAL NAME O								SYSTEM 639
	t every radio s	station c	) arried on a separate and disc enerally receivable by your cal					н
Teceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	it is carried b monitoring, to prmation abou rm. dentify the cal state whether the radio stat this by placing Give the statio	y the sy be rece ut the Co l sign of the stati tion's sig g a chec n's locat	II-Band FM Carriage: Under stem whenever it is received a eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process of mark in the "S/D" column. tion (the community to which the the community with which the	at the system's h system's FM an this point, see p sed by the cable he station is lice	eadend, and tenna, during age (v) of the system as a s nsed by the F	(2) it car certain general separate	n be expected, stated intervals. instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3/0	LOCATION OF STATION	GALL SIGN		5/0	LUCATION OF STATION	
N/A								
				,				
				··				
				·				

ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM II	
Name	TDS Metrocom, LLC						6393	
	SUBSTITUTE CARRIAGE		I STATEMEN		G			
1					•			
	In General: In space I, identi							
Substitute	substitute basis during the a explanation of the programm	• •	•	•				
Carriage:	1. SPECIAL STATEMENT	-			Ū	·	•	
Special Statement and	• During the accounting per	riod, did you	ır cable system	n carry, on a substitute ba	asis, any nonn	etwork television	progra <u>m</u>	
Program Log	broadcast by a distant sta	ition?				LΥ		
	Note: If your answer is "No	o", leave the	rest of this pag	ge blank. If your answer i	s "Yes," you m	nust complete the	e program	
	log in block 2.				-			
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				s wherever po	ossible, if their me	eaning is	
	Column 1: Give the title	of every no	nnetwork telev	rision program ("substitute				
	period, was broadcast by a under certain FCC rules, re			-		• •		
	Do not use general categor	•						
	"NBA Basketball: 76ers vs.			"ware and a second s	« <b>N</b> I 1		-	
	Column 2: If the program Column 3: Give the call							
	Column 4: Give the broa	adcast statio	on's location (th	ne community to which th	ne station is lic		C or, in	
	the case of Mexican or Car Column 5: Give the mor						the month	
	first. Example: for May 7 give		when your sys		e program. Os	e numerais, with		
	Column 6: State the time	es when the		• • •	•		-	
	<b>Column 6:</b> State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be							
	stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i>							
	stated as "6:00–6:30 p.m."					·		
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ter "R" if the and regulation	listed program ons in effect du	was substituted for prog uring the accounting perio	ramming that od; enter the le	your system was etter "P" if the list	s <i>required</i> ed program	
	stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the and regulation mming that y	listed program ons in effect du	was substituted for prog uring the accounting perio	ramming that od; enter the le	your system was etter "P" if the list	s <i>required</i> ed program	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ter "R" if the and regulation mming that y	listed program ons in effect du	was substituted for prog uring the accounting perio	ramming that od; enter the le	your system was etter "P" if the list	s <i>required</i> ed program	
	stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	ter "R" if the and regulation mming that y	listed program ons in effect du your system wa	was substituted for prog uring the accounting perio as permitted to delete uno	ramming that od; enter the le der FCC rules WHE	your system was etter "P" if the list and regulations N SUBSTITUTE	s <i>required</i> ed program in E	
	stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	ter "R" if the and regulation mming that y b UBSTITUT 2. LIVE?	listed program ons in effect du your system wa E PROGRAM 3. STATION'S	was substituted for prog uring the accounting perio as permitted to delete uno	uramming that od; enter the le der FCC rules WHE CARR	your system was etter "P" if the list and regulations N SUBSTITUTE AGE OCCURRI 6. TIMES	s <i>required</i> ed program in <u>E</u> <u>ED</u> 7. REASON FO DELETION	
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	stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	ter "R" if the and regulation mming that y b UBSTITUT 2. LIVE?	listed program ons in effect du your system wa E PROGRAM 3. STATION'S	was substituted for prog uring the accounting perio as permitted to delete uno	uramming that od; enter the le der FCC rules WHE CARR	your system was etter "P" if the list and regulations N SUBSTITUTE AGE OCCURRI 6. TIMES	s <i>required</i> ed program in <u>E</u> <u>ED</u> 7. REASON F DELETION	
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Accounting Period:	2023/02	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	SYSTEM ID# 63932
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	smission service
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</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	9 \$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 must pay for accounting period is \$52.00	or this six-month
	Line 1. Royalty fee for accounting period	··· <b>\$ 52.00</b>
	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	··· <u>\$ 52.00</u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	<u>′</u> ,100)
	1. Base amount under statutory formula    \$    263,800.00	<u> </u>
	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 \$52	27,600)
	1. Enter the amount of gross receipts from space K	_
	2. Base amount under statutory formula \$ 263,800.00	<u> </u>
	3. Subtract line 2 from line 1	_
	4. Multiply line 3 by .01	

	4. Muluply 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	<ol> <li>Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)</li></ol>	<u>52.00</u> 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab f		

Accounting Period:	2023/02		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C TDS Metrocom	DWNER OF CABLE SYSTEM: I, LLC	SYSTEM ID# 63932
M Channels	to its subscribers <ol> <li>Enter the total <ul> <li>system carried</li> </ul> </li> <li>Enter the total <ul> <li>on which the cal</li> </ul></li></ol>	bu must give (1) the number of channels on which the cable system carried television broadcast static s, and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations number of activated channels able system carried television broadcast stations ast services	23
N Individual to Be Contacted		<b>BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Mitchell Maier Telepho	one (608) 886-8210
	Address 	525 Junction Rd         (Number, street, rural route, apartment, or suite number)         Madison, WI 53593         (City, town, state, zip)         Finance@tdstelecom.com         Fax (optional)	
O Certification		(This statement of account must be certified and signed in accordance with Copyright Office regulation ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	ons)
	(Agent in li X (Office in li • I have examined	r other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space of owner other than corporation or partnership) I am the duly authorized agent of the owner of the ca- ine 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ine 1 of space B. I the statement of account and hereby declare under penalty of law that all statements of fact contained he e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	ble system as identified s owner of the cable system

X /s/ Sharon V. Tisdale
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: Sharon V. Tisdale
Title: Assistant Treasurer (Title of official position held in corporation or partnership)
Date: February 12, 2024

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.

counting Period: 2023/02	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
DS Metrocom, LLC	6393
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X       NO         YES. Enter the total here and list the satellite carrier(s) below.       \$	
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	<b>Q</b> Interest Assessmen
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 <b>\$</b> - (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please	
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number       First community served       Accounting period	
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) reque 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 ar	

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