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

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
2/26/2024	\$
	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)
Fenou	
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.
	X 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)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	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)
Drivoov Act Nation	Section 111 of title 17 of the United States Code outborizes the Convright Offee to collect the nergenally identifying information (DII) requested on this
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 II			
Name	TDS Metrocom, LLC	-			
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including s 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	identified city.				
	CITY OR TOWN	STATE			
First Community	Dodgeville				
dd Rows as Necessary					

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I								
Name	TDS Metrocom, LLC	ADLE STSTEM						515	
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	•		0		•			
Secondary	system, that is, the retransmiss about other services (including					•			
Fransmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Bot						•		
scribers and Rates	down by categories of secondar each category by counting the r	•		•		•			
Rates	separately for the particular service		•	•••		•	-	scharged	
	Rate: Give the standard rate							rge and the	
	unit in which it is generally billed			,	•	ard rate variation	ns within a	particular rate	
	category, but do not include dis Block 1: In the left-hand block					condary transmi	ssion serv	ice that cable	
	systems most commonly provid	•		•		•			
	that applies to your system. Not	t e: Where an ir	ndividua	l or organizatio	on is receiv	ing service that	falls unde	er different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted					d in the count u	nder "Serv	ice to the	
	Block 2: If your cable system	•			• • •	n service that ar	e different	from those	
	printed in block 1 (for example,					•			
	with the number of subscribers	and rates, in th	e right-ł	nand block. A t	wo- or thre	ee-word descrip	tion of the	service is	
	sufficient.	OCK 1					BLOCK	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:		40	*•••					
	Service to first set		18	\$25/mo					
	• Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential		18	\$8/Mo.					
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	S				
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-p	program basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		the cahl	e system for e	ach of the	applicable serv	ices listed		
Rates	Block 2: List any services that			•					
	listed in block 1 and for which a	•	-		ished. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descri	ption and inclu							
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	\$8.00-\$15.00		tel, hotel					
	• Pay cable—add'l channel			nmercial		\$0 - \$50.00			
	• Fire protection			/ cable					
	•Burglar protection		· ·	/ cable-add'l cl	nannel				
	Installation: Residential First set	\$0.650.00		e protection					
		\$0-\$50.00		glar protection services:					
		¢0 ¢50 00	nomer s	and a second state of the second s					
	 Additional set(s) 	\$0-\$50.00				\$0_\$25.00			
	• Additional set(s) • FM radio (if separate rate)	\$0-\$50.00	• Red	connect		\$0-\$25.00			
	 Additional set(s) 	\$0-\$50.00	• Red • Dis	connect connect					
	• Additional set(s) • FM radio (if separate rate)	\$0-\$50.00	• Red • Dis • Out	connect		\$0-\$25.00 19.98-39.96			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE				
Name	TDS Metrocom, LLC							
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable syste FCC rules and regulations	lentify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a par he carriage of certain network prog	t-time basis under grams [sections				
Primary nsmitters: elevision	substitute program basis, a Substitute Basis Stations	(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca rules, regulations, or authorizations:						
	 Do not list the station her station was carried only or List the station here, and 	re in space G—but do list it in space I (t n a substitute basis. also in space I, if the station was carrie	ed both on a substitute basis and a	ilso on some other				
	Column 1: List each statio	ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form.	program services such as HBO, E	SPN, etc. Identify each				
	Column 2: Give the chann of license. For example, W Column 3: Indicate in each	nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M" (station, an independent station, or	r a noncommercial				
	(for independent multicast) For the meaning of these to Column 4: Give the location), "E" (for noncommercial educational), or terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of t	or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the static	ational multicast). on is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WISN	12.1	Ν	Milwaukee, WI				
	WISN-DT2	12.2	N-M	Milwaukee, WI				
ows as Necessary	WDJT	58.1	Ν	Milwaukee, WI				
Rows as Necessary	WBME-CD	58.2						
			-	Milwaukee, WI				
	WITI	6.1	N	Milwaukee, WI				
			N N-M					
	WITI	6.1		Milwaukee, Wl				
	WITI WITI-DT2	6.1 6.2	N-M	Milwaukee, Wl Milwaukee, Wl				
	WITI WITI-DT2 WTMJ	6.1 6.2 4.1	N-M N	Milwaukee, WI Milwaukee, WI Milwaukee, WI				
	WITI WITI-DT2 WTMJ WTMJ-DT2	6.1 6.2 4.1 4.2	N-M N N-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI				
	WITI WITI-DT2 WTMJ WTMJ-DT2 WTMJ-DT3	6.1 6.2 4.1 4.2 4.3	N-M N N-M N-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI				
	WITI WITI-DT2 WTMJ WTMJ-DT2 WTMJ-DT3 WTMJ-DT4	6.1 6.2 4.1 4.2 4.3 4.4	N-M N N-M N-M N-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI				
	WITI WITI-DT2 WTMJ WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5	6.1 6.2 4.1 4.2 4.3 4.4 4.5	N-M N N-M N-M N-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI				
	WITI WITI-DT2 WTMJ WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW	6.1 6.2 4.1 4.2 4.3 4.4 4.5 49.1	N-M N N-M N-M N-M I	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Racine, WI Racine, WI				
	WITI WITI-DT2 WTMJ WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT2	6.1 6.2 4.1 4.2 4.3 4.4 4.5 49.1 49.2	N-M N N-M N-M N-M I I-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Racine, WI				
	WITI WITI-DT2 WTMJ WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT2 WMLW-DT2	6.1 6.2 4.1 4.2 4.3 4.4 4.5 49.1 49.3	N-M N N-M N-M N-M I I-M I-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Racine, WI Racine, WI Racine, WI Racine, WI				
	WITI WITI-DT2 WTMJ WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT2 WMLW-DT2 WMLW-DT3	6.1 6.2 4.1 4.2 4.3 4.4 4.5 49.1 49.3 49.4	N-M N N-M N-M N-M I I-M I-M	Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Racine, WI Racine, WI Racine, WI				
	WITI WITI-DT2 WTMJ WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT5 WMLW-DT2 WMLW-DT3 WMLW-DT4 WVTV WVTV-DT2	6.1 6.2 4.1 4.2 4.3 4.4 4.5 49.1 49.2 49.3 49.4 18.1 18.2	N-M N N-M N-M N-M I I I-M I-M I-M	Milwaukee, WI Racine, WI Racine, WI Racine, WI Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI				
	WITI WITI-DT2 WTMJ WTMJ-DT2 WTMJ-DT3 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT5 WMLW-DT2 WMLW-DT3 WMLW-DT4 WVTV WVTV-DT2 WVTV-DT2	6.1 6.2 4.1 4.2 4.3 4.4 4.5 49.1 49.2 49.3 49.4 18.1 18.2 18.3	N-M N N-M N-M N-M I N-M I I I-M I-M I I-M	Milwaukee, WI Racine, WI Racine, WI Racine, WI Racine, WI Racine, WI Milwaukee, WI				
	WITI WITI-DT2 WTMJ WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT5 WMLW-DT2 WMLW-DT2 WMLW-DT4 WVTV WVTV-DT2 WVTV-DT2	6.1 6.2 4.1 4.2 4.3 4.4 4.5 49.1 49.2 49.3 49.4 18.1 18.2 18.3 18.4	N-M N N-M N-M N-M I I I-M I-M I-M	Milwaukee, WI Racine, WI Racine, WI Racine, WI Racine, WI Racine, WI Milwaukee, WI				
	WITI WITI-DT2 WTMJ WTMJ-DT2 WTMJ-DT3 WTMJ-DT3 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT5 WMLW-DT2 WMLW-DT3 WMLW-DT4 WVTV WVTV-DT2 WVTV-DT2	6.1 6.2 4.1 4.2 4.3 4.4 4.5 49.1 49.2 49.3 49.4 18.1 18.2 18.3 18.4 63.1	N-M N N-M N-M N-M I N-M I I I-M I-M I I-M	Milwaukee, WI Racine, WI Racine, WI Racine, WI Racine, WI Racine, WI Milwaukee, WI				
	WITI WITI-DT2 WTMJ WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT5 WMLW-DT2 WMLW-DT3 WMLW-DT4 WVTV WVTV-DT2 WVTV-DT2 WVTV-DT3 WVTV-DT4 WYTU WYTU-DT2	6.1 6.2 4.1 4.2 4.3 4.4 4.5 49.1 49.2 49.3 49.4 18.1 18.2 18.3 18.4 63.1 63.2	N-M N N-M N-M N-M I N-M I I I I I I I I I I I I I I I I I I I	Milwaukee, WI Racine, WI Racine, WI Racine, WI Racine, WI Racine, WI Racine, WI Milwaukee, WI				
	WITI WITI-DT2 WTMJ WTMJ-DT2 WTMJ-DT3 WTMJ-DT4 WTMJ-DT4 WTMJ-DT5 WMLW WMLW-DT5 WMLW-DT2 WMLW-DT2 WMLW-DT4 WVTV WVTV-DT2 WVTV-DT2 WVTV-DT3 WVTV-DT4 WYTU	6.1 6.2 4.1 4.2 4.3 4.4 4.5 49.1 49.2 49.3 49.4 18.1 18.2 18.3 18.4 63.1	N-M N N-M N-M N-M I N-M I I I I I I I I I I I I I I I I I I I	Milwaukee, WI Racine, WI Racine, WI Racine, WI Racine, WI Racine, WI Milwaukee, WI				

ounting Period:					OVOTEN		
Name	LEGAL NAME OF OWNER O				SYSTEM		
	TDS Metrocom, LLC						
	PRIMARY TRANSMITTERS:						
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 station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each 						
	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 educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.						
	(for independent multicast For the meaning of these t Column 4: Give the location), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list	(for network multicast), "I" (for inde or "E-M" (for noncommercial educ uctions in the paper SA1-2 form. It the community to which the station	ependent), "I-M" ational multicast). on is licensed by the			
	(for independent multicast For the meaning of these t Column 4: Give the location), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list	(for network multicast), "I" (for inde or "E-M" (for noncommercial educ uctions in the paper SA1-2 form. It the community to which the station	ependent), "I-M" ational multicast). on is licensed by the	ΓΑΤΙΟΝ		
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of t	(for network multicast), "I" (for inde or "E-M" (for noncommercial educ uctions in the paper SA1-2 form. It the community to which the station the community with which the station	ependent), "I-M" ational multicast). on is licensed by the on is identified.	ΓΑΤΙΟΝ		
	(for independent multicast) For the meaning of these the Column 4: Give the location FCC. For Mexican or Canastic FCC. For Mexican or Canastic FCC.), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER	(for network multicast), "I" (for inde or "E-M" (for noncommercial educ uctions in the paper SA1-2 form. It the community to which the station the community with which the station 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF S	ΓΑΤΙΟΝ		
	(for independent multicast) For the meaning of these the Column 4: Give the location FCC. For Mexican or Canasti 1. CALL SIGN), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 36.1	(for network multicast), "I" (for inde or "E-M" (for noncommercial educ uctions in the paper SA1-2 form. It the community to which the station the community with which the station 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF S ⁻ Milwaukee, WI	ΓΑΤΙΟΝ		
	(for independent multicast) For the meaning of these the Column 4: Give the location FCC. For Mexican or Canasti 1. CALL SIGN WMVT WMVT-DT2), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 36.1 36.2	(for network multicast), "I" (for inde or "E-M" (for noncommercial educ uctions in the paper SA1-2 form. It the community to which the station the community with which the station 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF S ⁻ Milwaukee, WI Milwaukee, WI	ΓΑΤΙΟΝ		
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WMVT WMVT-DT2 WVCY), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 36.1 36.2 30.1	(for network multicast), "I" (for inde or "E-M" (for noncommercial educ uctions in the paper SA1-2 form. It the community to which the station the community with which the station 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF S ⁻ Milwaukee, WI Milwaukee, WI Milwaukee, WI	ΓΑΤΙΟΝ		
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WMVT WMVT-DT2 WVCY), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 36.1 36.2 30.1	(for network multicast), "I" (for inde or "E-M" (for noncommercial educ uctions in the paper SA1-2 form. It the community to which the station the community with which the station 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF S ⁻ Milwaukee, WI Milwaukee, WI Milwaukee, WI	ΓΑΤΙΟΝ		
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WMVT WMVT-DT2 WVCY), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 36.1 36.2 30.1	(for network multicast), "I" (for inde or "E-M" (for noncommercial educ uctions in the paper SA1-2 form. It the community to which the station the community with which the station 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF S ⁻ Milwaukee, WI Milwaukee, WI Milwaukee, WI	ΓΑΤΙΟΝ		
	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WMVT WMVT-DT2 WVCY), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 36.1 36.2 30.1	(for network multicast), "I" (for inde or "E-M" (for noncommercial educ uctions in the paper SA1-2 form. It the community to which the station the community with which the station 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF S ⁻ Milwaukee, WI Milwaukee, WI Milwaukee, WI	ΓΑΤΙΟΝ		
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	(for independent multicast For the meaning of these t Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WMVT WMVT-DT2 WVCY), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- on of each station. For U.S. stations, list adian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 36.1 36.2 30.1	(for network multicast), "I" (for inde or "E-M" (for noncommercial educ uctions in the paper SA1-2 form. It the community to which the station the community with which the station 3. TYPE OF STATION	ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF S ⁻ Milwaukee, WI Milwaukee, WI Milwaukee, WI			
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LEGAL NAME O	F OWNER OF	CABLE S	SYSTEM:					SYSTEM
TDS Metroc	om, LLC							
						-4:		н
	•		arried on a separate and disc enerally receivable by your cat					п
	-	•			-	•		Drimon
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected,							Primary Transmitter	
on the basis of	monitoring, to	be rece	eived at the headend, with the	system's FM an	tenna, during	certain	stated intervals.	Radio
For detailed info paper SA1-2 fo		it the C	opyright Office regulations on	this point, see p	age (v) of the	general	instructions in the.	
-		l sign of	each station carried.					
			ion is AM or FM.					
			gnal was electronically proces ok mark in the "S/D" column.	sed by the cable	system as a	separate	e and discrete	
-		-	tion (the community to which t	he station is lice	nsed by the F	CC or, i	n the case of	
Aexican or Car	adian stations	s, if any,	, the community with which the	e station is identi	fied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A								
.,, .								
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ccounting Perio	d: 2023/02 LEGAL NAME OF OWNER OF		TEM·					SYSTEM ID						
Name	TDS Metrocom, LLC	ONDEE OTO												
	SUBSTITUTE CARRIAGE	E: SPECIA		IT AND PROGRAM LOG	3									
	la Comencia la comencia la identi	4: 6			· - distant -t-t									
	In General: In space I, ident substitute basis during the a													
Substitute	explanation of the programm	• •		•										
Carriage: Special	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program													
Statement and		-	ir cable system	n carry, on a substitute ba	sis, any nonn	etwork television	· · ·							
Program Log	broadcast by a distant sta	ation?				<u> </u>	YES	NO						
	Note: If your answer is "No	o", leave the	rest of this pag	ge blank. If your answer is	s "Yes," you m	nust complete the	e progran	ı						
	log in block 2.													
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviations	s wherever po	ossible, if their m	eaning is							
	clear. If you need more spa	ace, please	add additional	rows to the tables.			U							
	Column 1: Give the title period, was broadcast by a	-		vision program ("substitute our cable system substitut			•	ion						
	under certain FCC rules, re													
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "baske	etball." List specific progra	im titles, for e	example, "I Love	Lucy" or							
			dcast live, ente	er "Yes." Otherwise enter '	'No."									
		•		asting the substitute progr										
	the case of Mexican or Car			he community to which the community with which the			C or, in							
	Column 5: Give the mor	nth and day		stem carried the substitute			n the mon	th						
	first. Example: for May 7 gi		e substitute pro	ogram was carried by you	r cable system	n List the times.	accuratel	V						
	Column 6: State the times when the substitute program was carried by your cable system. List the times accurately													
	to the nearest five minutes	. Example: a	a program carr	ied by a system from 6:01	l:15 p.m. to 6	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."								
	stated as "6:00–6:30 p.m."	•						1						
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	ter "R" if the	listed program	was substituted for prog	ramming that	your system was	s required							
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the and regulati mming that y	listed program ons in effect du	n was substituted for progr uring the accounting perio	ramming that d; enter the le	your system was etter "P" if the list	s <i>requirec</i> ted progra							
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ter "R" if the and regulati mming that y	listed program ons in effect du	n was substituted for progr uring the accounting perio	ramming that d; enter the le	your system was etter "P" if the list	s <i>requirec</i> ted progra							
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y 5.	listed program ons in effect du your system wa	n was substituted for progr uring the accounting perio as permitted to delete unc	ramming that d; enter the le ler FCC rules WHE	your system was etter "P" if the list and regulations EN SUBSTITUTI	s <i>requirec</i> ted progra in E	am						
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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
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission service
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 or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	or this six-month
	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 \$13)	7,100)
	1. Base amount under statutory formula	0
	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 \$ 263,800.0	0
	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	 Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) Filing Fee (See the instructions for more information on filing fee calculations) 		52.00 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 payab See page i of the general instructions in the paper SA1-2 form and the Excel inst			

Accounting Period:	2023/02		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:	SYSTEM ID#
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	bu must give (1) the number of channels on which the cable system carried television broadcast stations 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	28
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Mitchell Maier Telephone	(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	I, the undersigned (Owne (Agent in li X (Office in li I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) or other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space to f owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sine 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 ow ine 1 of space B. If the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	system as identified ner 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.

unting Period: 2023/02	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
S Metrocom, LLC	0
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions 	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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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.