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

SA1-2E Short Form

63980

STATEMENT OF ACCOUNT		FOR COPYRIG	Return completed workbook by email to:			
for Secondary	rransmissions by	DATE RECEIVED	AMOUNT	-		
Cable Systems (Short Form)		8/26/2024	\$	For additional information,		
General instruct	ions are located			contact the U.S. Copyright Office Licensing Division at: Tel: (202)		
in the first tab of	this workbook		ALLOCATION NUMBER	707-8150		
A	ACCOUNTING PERIOD COVERED B	Y THIS STATEMENT: (YYYY/(P	Period))			
	2024/01	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
		A1 Barcode Data Filing Period (optional - s	ee instructions)			
	202	41 Barcode Data Filing Feriod (optional - s				
Accounting Period						
	Instructions:					
В	Give the full legal name of the owner of the subsidiary, not that of the parent corporation		another corporation, give the full corporate title	of the		
Owner	List any other name or names under which	the owner conducts the business of the cable	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.

Check here if this	s is the system's fi	rst filing. If not	, enter the syst	em's ID number as	ssigned by the L	icensing Div
-						

		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	1	TDS Telecom, Inc.
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	-	(Number, sueer, rural route, apartment, or some 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 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period: 2	024/01	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	TDS Metrocom, LLC	63980						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, dis 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 th "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 ide city.							
	CITY OR TOWN	STATE						
First Community	Twin Lakes	WI						
Community								
Add Rows as Necessary								

Name LEGAL NAME OF OWNER OF CARLE SYSTEM: TOBULATION OF STREET Street Composition S	Accounting Period:	2024/01							EOPMS	
Formation Biodecomp, LLC Stability Formation SECONDARY TRANSMISSION SERVICE: SUBSCIDERS AND RATES In General: The information inspace 5, who do over all calegoris of secondary transmission service of the cable system, but is, the referamination and cab broadcasts by your system heatscatters. Give information inspace 7, who do in cable system and commonly provide to hard subscripters 1 and and inspace 8, who do its associated as a variable with the particular arvice at the inspace data of the marker of absociate and a subscripter 3 and the data cables and the data of a space 3, who do its associate 1 and and inspace 7, who do in a cable system and cambo inspace 7, who do in a cable system and the inspace 3 and and its inspace 3 and and and inspace 3, who do its associate 3 and		LEGAL NAME OF OWNER OF CAB	LE SYSTEM:							
F Events Secondary Transmission Service: Sub- Cher Market Biele Secondary Transmission Transmission Transmission Transmission Transmission Transmission Transmission Transmission Transmission Transmission Secondary Transmission Transmission Transmission Transmission Transmission Transmission Transmission Transmission Transmission Transmission Transmission Transmission Transmission Transmission Transmission Tr	Name	TDS Matrocom LLC		63980						
F In General: The information in space E shudd cover all categories of accordary transmission service of the cable system, halfs, the information in space E shudd cover all categories of accordary transmission excise of the cable system. Table is, the information in space E shudd cover all categories of accordary transmission excises of the information in space E shudd cover all categories of accordary transmission excises of the information in space E shudd cover all categories of accordary to the information of advectments in the information of advectment in a space E shudd cover all categories of accordary space. The information information categories of accordary to space the information of advectment in an information according the information of advectment in advectment in a space E shudd cover all category the information of the category of the information information categories of a category of the information in the information information categories and the information information categories and the information information categories and the information information category. The information information category the information information category the information information category the information information category. The information information category the information information category. The information information category is the information information category. The information information category is the information information category. The information information category is the information information category. The information is the information information category is the information category. The information information category is the information category is the information category is the information category. The information category is the infor										
printed in block 1 (for example, liers of services that include one or more secondary transmissions), list them, together with the number of subsorblers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE NO. OF Residential: - - Service to additional set(s) - - Wint ratio (if separate rate) - Motel, hotel - Converter - - Residential: - - Non-residential -	Secondary Transmission Service: Sub- scribers and	In General: The information in space system, that is, the retransmission about other services (including pay last day of the accounting period (J Number of Subscribers: Both bit down by categories of secondary tree each category by counting the num separately for the particular service Rate: Give the standard rate cha unit in which it is generally billed. (E category, but do not include discou Block 1: In the left-hand block in systems most commonly provide to that applies to your system. Note: N categories, that person or entity sh- subscriber who pays extra for cable first set" and would be counted once	ce E should covo of television and cable) in space une 30 or Decer locks in space E ansmission serv ber of billings in at the rate indic rged for each ca example: "\$20/m nts allowed for a space E, the for their subscriber Where an indivic buld be counted service to addit e again under "\$	er all cate radio br F, not he nber 31, call for t ice. In get that cate ated—not tegory of th"). Sum dvance p rm lists th rs. Give t lual or or as a sub tional set Service to	egories of secon oadcasts 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 star oayment. he categories of he number of su ganization is rec socriber in each a s would be inclu	r system to you state n / be). bscribers to compute the er of persor sets receive both the a idard rate v secondary bscribers a eiving serv applicable of ded in the o)."	o subscribers. Gir nust be those ex o the cable syste e number of sub- ns or organization ving service). amount of the ch variations within a transmission set and rate for each ice that falls und category. Examp count under "Ser	ve inform isting on em, broke scribers i ns charg arge and a particul vice that listed ca er differe e: a resi vice to th	nation the en in ed I the lar rate t cable ategory ent dential ne	
Services Other Than Secondary Transmissions: Rates SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space E, Talks to the source of the system for each of the applicable services that were not covered in space E, that is, those services that are not of the case of the rate column. Service to adjuin a service that were in the rate column. Service to adjuin a service that were in the rate column. Service to adjuin a service that were in the rate column. Service to adjuin a service that were into covered in space E, that is, those services that are not of the services of the rate column. Service to all your cable system's services that were into covered in space E, that is, those services that are not one of the space E, that is, those services that are not adjuin a service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services turnished a cost or (2) services or facilities thread were and the order of the charge was made or established. Secondary turnished are charge by the cable system for each of the applicable services listed. Block 1: Give the standard rate charged with a separate charge was made or established. BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Transmissions: Rates Secondary transmission Secondary transmission Secondary transmission Secondary transmission Secondary transmission Secondary transmission The contract of the second s		printed in block 1 (for example, tiers with the number of subscribers and sufficient.	s of services tha rates, in the rigl	t include	one or more see	condary tra	nsmissions), list	them, to	gether	
CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: -Service to first set 126 \$30/mo - <td></td> <td>BL</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>BLC</td> <td></td> <td>-</td>		BL						BLC		-
Residential: 126 \$30/mo Service to first set 126 \$30/mo Service to additional set(s)		CATEGORY OF SERVICE			RATE	CAT	EGORY OF SE	RVICE		RATE
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Commercial Converter Converter Image: Converter Image: Converter Im		· · · /								
Converter Residential • Residential 126 \$6/Mo. • Non-residential 126 \$6/Mo. • Indeneral: 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) services furnished at cost or (2) services or 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 colurm. Bick 2: List any services that your 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. ECOCK 1 BLOCK 1 BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE • Pay cable • Molei, hotel • Pay cable • Molei, hotel • Fire protection • Pay cable • Burglar protection • Pay cable • Fire set \$0-549.95 • Additional set(s) \$0-549.95 <td></td>										
• Residential 126 \$6/Mo. • Non-residential 126 \$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 ordered 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 in the form of a brief (two- or three-word) description and include the rate for each. Exception of the charge system for each of the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: \$8.00-\$15.00 • Molel, hotel - Ommercial \$0 - \$50.00 • Pay cable 9ay cable \$0\$50.00 - Pay cable<										
• Non-residential services F 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 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 2: List any services that your 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 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE • Pay cable \$8.00-\$15.00 • Motel, hotel • Ocommercial \$0 - \$50.00 Image: addition in the services: Image: addition in the services: Image: addition in the services: Image: addition in the service in the addition in the service in the addition in the service in the form of a brief (theorem in the service) Image: addition in the service in the form of a brief (theorem in the service in the form of a brief (theorem in the service) • Fay cable • BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE <td></td> <td></td> <td></td> <td>126</td> <td>\$6/Mo</td> <td></td> <td></td> <td></td> <td></td> <td></td>				126	\$6/Mo					
F 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 ocvered 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information shuld 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 2: List any services that your 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. ExtraGoRY OF SERVICE RATE BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable \$8.00-\$15.00 •Motel, hotel •Ormercial \$0 - \$50.00 Image: set of the applicable add't channel • Fire protection •Pay cable •S0-\$49.95 •Motel, hotel •Fire protection Fire protection Fire protecti				120	φο/ιπο.					
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICERATEContinuing Services: • Pay cable • Pay cable—add'l channelInstallation: Non-residential • Motel, hotel• Motel, hotel•• Pay cable—add'l channel • Fire protection • Burglar protection• Commercial\$0 - \$50.00•• Pay cable • Burglar protection• Pay cable • Pay cable • Fire protection• Pay cable • Pay cable • Pay cable•• First set • Additional set(s)\$0-\$49.95 • S0-\$49.95• Burglar protection • Burglar protection•• FM radio (if separate rate) • Converter• Reconnect • Disconnect • Outlet relocation\$0-\$25.00• Outlet relocation19.98-39.96•	Services Other Than Secondary Transmissions:	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 furnished at cost or (2) services or 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. 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 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								
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • First set • Additional set(s) • FM radio (if separate rate) • ConverterInstallation: Non-residential • Motel, hotel • Pay cable • Pay cable • Pay cable • Pay cable-add'l channel • Pay cable-add'l channel • Fire protection • Reconnect • Outlet relocation\$0 - \$50.00• Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection• Pay cable-add'l channel • Fire protection • Burglar protection• First set • Converter\$0-\$49.95 • Other services: • Outlet relocation• Reconnect • Outlet relocation							1			1
• Pay cable\$8.00-\$15.00• Motel, hotelImage: Commercial of the second se			RATE				RATE	CAT	TEGORY 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• • • • • • • • • • • • • • • • • • •		•	\$8.00-\$15.00			enual				
• Fire protection• Pay cable• Cable• Burglar protection• Pay cable-add'l channel• Pay cable-add'l channel• Installation: Residential• Fire protection• Cable• First set\$0-\$49.95• Burglar protection• Cable• Additional set(s)\$0-\$49.95• Other services:• Reconnect• FM radio (if separate rate)• Reconnect\$0-\$25.00• Disconnect• Converter• Outlet relocation19.98-39.96• Installation		•		-	<i>.</i>		\$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 • Outlet relocation 19.98-39.96				-						
• 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 • Outlet relocation 19.98-39.96		•Burglar protection		• Pay	cable-add'l cha	nnel				
Additional set(s) FM radio (if separate rate) Converter Outlet relocation Outlet relocation		Installation: Residential		• Fire	protection					
• FM radio (if separate rate) • Converter • Conver • Converter • Converte		• First set	\$0-\$49.95	• Burg	glar protection					
• Converter • Disconnect • Disconnect • Outlet relocation 19.98-39.96		 Additional set(s) 	\$0-\$49.95	Other s	ervices:					
• Outlet relocation 19.98-39.96		• FM radio (if separate rate)		• Rec	onnect		\$0-\$25.00			
		• Converter		• Disc	connect					
Move to new address				• Out	let relocation		19.98-39.96			
				• Mo\	ve to new addres	S				

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM II					
Name	TDS Metrocom, LLC			6398					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	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								
Transmitters: Television	Substitute Basis Stations: W basis under specific FCC rules	explained in the next paragraph. /ith respect to any distant stations carried s, regulations, or authorizations: n space G—but do list it in space I (the Sp substitute basis.		-					
	List the station here, and also basis. For further information of Column 1: List each station's multicast stream associated w "WETA-2" as the same on the	o in space I, if the station was carried bot concerning substitute basis stations, see call sign. <i>Do not</i> report origination progra ith a station according to its over-the-air of form.	page (v) of the general instructions. am services such as HBO, ESPN, etc. designation. For example, report multis	dentify each tream					
	of license. For example, WRC Column 3: Indicate in each ca educational station, by enterin (for independent multicast), "E For the meaning of these term Column 4: Give the location of	number the FCC assigned to the television C is channel 4 in Washington, D.C. ase whether the station is a network static g the letter "N" (for network), "N-M" (for n " (for noncommercial educational), or "E- is, see page (iv) of the general instruction of each station. For U.S. stations, list the c n stations, if any, give the name of the cc	on, an independent station, or a noncom letwork multicast), "I" (for independent), ·M" (for noncommercial educational mult s in the paper SA1-2 form. community to which the station is licens	mercial "I-M" icast). ed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WISN	12.1	N	Milwaukee, WI					
	WISN-DT2	12.2	N-M	Milwaukee, WI					
dd Rows as Necessary	WISN - DT4	12.4	N-M	Milwaukee, WI					
	WISN - DT6	12.6	N-M	Milwaukee, WI					
	WDJT	58.1	N	Milwaukee, WI					
	WBME-CD	58.2	I	Milwaukee, WI					
	WITI	6.1	N	Milwaukee, WI					
	WITI-DT2	6.2	N-M	Milwaukee, WI					
	WTMJ	4.1	N	Milwaukee, WI					
	WTMJ-DT2	4.2	N-M	Milwaukee, WI					
	WTMJ-DT3	4.3	N-M	Milwaukee, WI					
	WTMJ-DT4	4.4	N-M	Milwaukee, WI					
	WTMJ-DT5	4.5	N-M	Milwaukee, WI					
	WMLW	49.1		Racine, WI					
	WMLW-DT2								
		49.2	I-M	Racine, WI					
		49.2	I-M	Racine, WI					
	WMLW-DT3	49.3	I-M	Racine, WI					
	WMLW-DT3 WMLW-DT4	49.3 49.4	I-M	Racine, WI Racine, WI					
	WMLW-DT3 WMLW-DT4 WVTV	49.3 49.4 18.1	I-M I-M I	Racine, WI Racine, WI Milwaukee, WI					
	WMLW-DT3 WMLW-DT4 WVTV WVTV-DT2	49.3 49.4 18.1 18.2	I-M I-M I I-M	Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI					
	WMLW-DT3 WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3	49.3 49.4 18.1 18.2 18.3	I-M I-M I I-M I-M	Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI					
	WMLW-DT3 WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3 WVTV-DT4	49.3 49.4 18.1 18.2 18.3 18.4	I-M I-M I I-M	Racine, WI Racine, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI Milwaukee, WI					
	WMLW-DT3 WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3 WVTV-DT4 WYTU	49.3 49.4 18.1 18.2 18.3 18.4 63.1	I-M I-M I I-M I-M I-M I	Racine, WI Racine, WI Milwaukee, WI					
	WMLW-DT3 WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3 WVTV-DT4 WYTU WYTU-DT2	49.3 49.4 18.1 18.2 18.3 18.4 63.1 63.2	I-M I-M I-M I-M I-M I I-M	Racine, WI Racine, WI Milwaukee, WI					
	WMLW-DT3 WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3 WVTV-DT4 WYTU WYTU-DT2 WPXE	49.3 49.4 18.1 18.2 18.3 18.4 63.1 63.2 55.1	I-M I-M I I-M I-M I-M I I I I-M	Racine, WI Racine, WI Milwaukee, WI					
	WMLW-DT3 WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3 WVTV-DT4 WYTU WYTU-DT2 WPXE WMVS	49.3 49.4 18.1 18.2 18.3 18.4 63.1 63.2 55.1 10.1	I-M I-M I-M I-M I-M I I I-M I E	Racine, WI Racine, WI Milwaukee, WI Kenosha, WI Milwaukee, WI					
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	WMLW-DT3 WMLW-DT4 WVTV-DT2 WVTV-DT2 WVTV-DT3 WVTV-DT4 WYTU WYTU-DT2 WPXE WMVS WMVS-DT2 WMVT	49.3 49.4 18.1 18.2 18.3 18.4 63.1 63.2 55.1 10.1 10.2 36.1	I-M I-M I-M I-M I-M I-M I I I E E-M E	Racine, WI Racine, WI Milwaukee, WI					
	WMLW-DT3 WMLW-DT4 WVTV WVTV-DT2 WVTV-DT3 WVTV-DT4 WYTU WYTU-DT2 WPXE WMVS WMVS-DT2	49.3 49.4 18.1 18.2 18.3 18.4 63.1 63.2 55.1 10.1 10.2	I-M I-M I I-M I-M I-M I I I-M I E E	Racine, WI Racine, WI Milwaukee, WI					

counting Period: 2	2024/01			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:		SYSTEM ID				
Name	TDS Metrocom, LLC	6398						
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary Transmitters: Television	 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, except (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 not 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 only 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. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. 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. 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), "T (for independent), "H-M" (for independent multicast), "E" (for noncommercial educational multicast). For the meaning of these terms, see							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

Accounting Pe	eriod: 2024/0	1						FO	RM SA1-2E. PAGE 4
		BLE SYST	EM:						SYSTEM ID
TDS Metroco	m, LLC								6398
	every radio stat	tion carrie	d on a separate and discrete ba ally receivable by your cable sys				ied on an		н
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, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. coaper SA1-2 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.									
Column 4: Giv Mexican or Cana	ve the station's idian stations, i	f any, the	the community to which the stat community with which the static	on is id	dentified).				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	(CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
N/A									
]]					

Accounting Period							FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYSTEM ID#
Name	TDS Metrocom, LLC							63980
l Substitute	SUBSTITUTE CARRIAGE: In General: In space I, identif basis during the accounting p programming that must be inc	y every nonnet eriod, under sp	<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 fur		
Substitute Carriage: Special			• • • • • •			2 10111.		
Statement and	During the accounting period	-		-	nonnetwork te		m	
Program Log		-	able system can	y, on a substitute basis, any				XNO
	broadcast by a distant station						YES	NO
	Note: If your answer is "No",	leave the rest	t of this page bla	ank. If your answer is "Yes," y	you must com	olete the progra	m	
	period, was broadcast by a c under certain FCC rules, reg Do not use general categorie "NBA Basketball: 76ers vs. E Column 2: If the program Column 3: Give the call si Column 4: Give the broad the case of Mexican or Cana Column 5: Give the month first. Example: for May 7 give Column 6: State the times to the nearest five minutes. E stated as "6:00–6:30 p.m."	ute program c e, please add f every nonne istant station ulations, or au es like "movies bulls." was broadcas gn of the stati icast station's dian station's dian stations, e "5/7." s when the sul example: a pro- "R" if the liste d regulations	on a separate lin additional rows twork television and that your ca uthorizations. See s' or "basketball. st live, enter "Yee on broadcasting location (the co if any, the comre on your system of bostitute program bogram carried by ed program was in effect during	to the tables. program ("substitute program ble system substituted for the page (v) of the general ins "List specific program titles, s." Otherwise enter "No." the substitute program. mmunity to which the station nunity with which the station carried the substitute program was carried by your cable s / a system from 6:01:15 p.m. substituted for programming the accounting period; enter	n") that, during e programmin structions for fu- for example, is licensed by is identified). n. Use numera ystem. List the to 6:28:30 p.1 that your sys the letter "P"	g the accounting g of another sta urther informatic "I Love Lucy" or the FCC or, in als, with the more times accurate n. should be tem was <i>require</i> if the listed prog	g ation on. nth ely	
	WHEN SUBSTITUTE CARRI					RRIAGE		
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	OCCURRED 6. TIME		7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
	N/A							
						_		
						_		
						_		
			<u> </u>					
			<u> </u>					
						_		
						_		
			<u> </u>					
			l					

Accounting Period: 2	024/01	FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TDS Metrocom, LLC	S	SYSTEM ID 6398
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	1,518.09 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • 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 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	
Remittance Due	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	024/01				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: , LLC			SYSTEM ID# 63980
M Channels	to its subscriber 1. Enter the tota system carri 2. Enter the tota on which the	rs, and (2) the cable system's tota al number of channels on which th	al number on the cable		30
N Individual to		O BE CONTACTED IF FURTHEI about this statement of account.)		ATION IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name	Mitchell Maier		Telephone	(608) 886-8210
	Address	525 Junction Rd (Number, street, rural route, apartme Madison, WI 53593 (City, town, state, zip)	nt, or suite nu	mber)	
	Email	Finance@tdsteleco	<u>n.com</u>	Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 				
				/s/ Sharon V. Tisdale electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	-
		Typed or printed	name:	Sharon V. Tisdale	
		Title:		ant Treasurer al position held in corporation or partnership)	
l I		Date:		August 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: 2024/01	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Metrocom, LLC	6398
 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 made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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	
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	
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	

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