

SA1-2E  
Short Form

General instructions are located  
in the first tab of this workbook

| FOR COPYRIGHT OFFICE USE ONLY |                   |
|-------------------------------|-------------------|
| DATE RECEIVED                 | AMOUNT            |
| 2/28/2025                     | \$                |
|                               | ALLOCATION NUMBER |
|                               |                   |

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

|                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="text-align: center; font-size: 2em; font-weight: bold;">A</div> <div style="text-align: center;">Accounting Period</div> | <b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                |
|                                                                                                                                      | <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">2024/02</div> <div style="border: 1px solid black; padding: 2px;">20242</div>                                                                                                                                                                                                                                                                                                                                                                                                                           | <div style="margin-bottom: 10px;">Period 1 = January 1 - June 30</div> <div>Period 2 = July 1 - December 31</div> <div style="margin-top: 10px;">Barcode Data Filing Period (optional - see instructions)</div>                                                                                |
| <div style="text-align: center; font-size: 2em; font-weight: bold;">B</div> <div style="text-align: center;">Owner</div>             | <p><b>Instructions:</b><br/>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.</p> <p>List any other name or names under which the owner conducts the business of the cable system.</p> <p>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.</p> |                                                                                                                                                                                                                                                                                                |
|                                                                                                                                      | <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.         </div> <div style="border: 1px solid black; padding: 2px;">63973</div>                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                |
| <div style="text-align: center; font-size: 2em; font-weight: bold;">C</div> <div style="text-align: center;">System</div>            | <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.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                |
|                                                                                                                                      | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>IDENTIFICATION OF CABLE SYSTEM:</b><br><div style="border: 1px solid black; padding: 2px;">TDS Telecom, Inc.</div>                                                                                                                                                                          |
|                                                                                                                                      | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br><div style="border: 1px solid black; padding: 2px;">           525 Junction Road<br/> <small>(Number, street, rural route, apartment, or suite number)</small><br/>           Madison, WI 53717<br/> <small>(City, town, state, zip)</small> </div> |
|                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                |
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U.S. Copyright Office

[illegible]

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|------|------------------------------------------------------------------|-----------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TDS Metrocom, LLC</b> | <b>SYSTEM ID#</b><br><b>63973</b> |
|------|------------------------------------------------------------------|-----------------------------------|

|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |         |                     |                    |      |
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| <b>E</b><br><br><b>Secondary Transmission Service: Subscribers and Rates</b> | <b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b><br><b>In General:</b> The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).<br><b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).<br><b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.<br><b>Block 1:</b> In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. <b>Note:</b> Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."<br><b>Block 2:</b> If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers 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 SUBSCRIBERS | RATE    | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
|                                                                              | <b>Residential:</b><br>• Service to first set<br>• Service to additional set(s)<br>• FM radio (if separate rate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 72                 | \$30/mo |                     |                    |      |
|                                                                              | <b>Motel, hotel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |         |                     |                    |      |
|                                                                              | <b>Commercial</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |         |                     |                    |      |
| <b>Converter</b><br>• Residential<br>• Non-residential                       | 72                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$6/Mo.            |         |                     |                    |      |

|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                                                                                                                                                 |                            |                     |      |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------|------|
| <b>F</b><br><br><b>Services Other Than Secondary Transmissions: Rates</b> | <b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b><br><b>In General:</b> 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.<br><b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.<br><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. |                            |                                                                                                                                                                 |                            |                     |      |
|                                                                           | BLOCK 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                                                 | BLOCK 2                    |                     |      |
|                                                                           | CATEGORY OF SERVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RATE                       | CATEGORY OF SERVICE                                                                                                                                             | RATE                       | CATEGORY OF SERVICE | RATE |
|                                                                           | <b>Continuing Services:</b><br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$8.00-\$15.00             | <b>Installation: Non-residential</b><br>• Motel, hotel<br>• Commercial<br>• Pay cable<br>• Pay cable-add'l channel<br>• Fire protection<br>• Burglar protection | \$0 - \$50.00              |                     |      |
|                                                                           | <b>Installation: Residential</b><br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate)<br>• Converter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$0-\$49.95<br>\$0-\$49.95 | <b>Other services:</b><br>• Reconnect<br>• Disconnect<br>• Outlet relocation<br>• Move to new address                                                           | \$0-\$25.00<br>19.98-39.96 |                     |      |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                                                                                                                                                 |                            |                     |      |

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| Name                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LEGAL NAME OF OWNER OF CABLE SYSTEM: |                          | SYSTEM ID# |                    |  |
|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TDS Metrocom, LLC                    |                          | 63973      |                    |  |
| G<br><br>Primary Transmitters: Television | PRIMARY TRANSMITTERS: TELEVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                          |            |                    |  |
|                                           | <p><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 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.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul> <p><b>Column 1:</b> List each station's call sign. <i>Do not</i> 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.</p> <p><b>Column 2:</b> 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.</p> <p><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" (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.</p> <p><b>Column 4:</b> 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.</p> |                                      |                          |            |                    |  |
|                                           | 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      | 2. B'CAST CHANNEL NUMBER |            | 3. TYPE OF STATION |  |
|                                           | WBAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | 2.1                      |            | N                  |  |
|                                           | WBAY-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 2.2                      |            | N-M                |  |
|                                           | WBAY - DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      | 2.3                      |            | N-M                |  |
|                                           | WBAY-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 2.4                      |            | N-M                |  |
|                                           | WBAY-DT5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 2.5                      |            | N-M                |  |
|                                           | WBAY-DT6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 2.6                      |            | N-M                |  |
|                                           | WLUK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | 11.1                     |            | N                  |  |
|                                           | WLUK-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 11.2                     |            | N-M                |  |
|                                           | WLUK-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 11.3                     |            | N-M                |  |
|                                           | WCWF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | 14.1                     |            | I                  |  |
|                                           | WCWF-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 14.2                     |            | I-M                |  |
|                                           | WCWF-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 14.3                     |            | I-M                |  |
|                                           | WCWF-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 14.4                     |            | I-M                |  |
|                                           | WCWF-DT5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 14.5                     |            | I-M                |  |
|                                           | WACY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | 32.1                     |            | I                  |  |
|                                           | WACY-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 32.2                     |            | I-M                |  |
|                                           | WACY-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 32.3                     |            | I-M                |  |
|                                           | WACY-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 32.4                     |            | I-M                |  |
|                                           | WACY-DT5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 32.5                     |            | I-M                |  |
|                                           | WFRV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | 5.1                      |            | N                  |  |
|                                           | WFRV-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 5.2                      |            | N-M                |  |
|                                           | WFRV-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 5.3                      |            | N-M                |  |
|                                           | WFRV-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 5.4                      |            | N-M                |  |
|                                           | WGBA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | 26.1                     |            | N                  |  |
|                                           | WGBA-DT2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 26.2                     |            | N-M                |  |
|                                           | WGBA-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 26.3                     |            | N-M                |  |
|                                           | WGBA-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | 26.4                     |            | N-M                |  |
|                                           | WMEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | 31.1                     |            | I                  |  |
|                                           | WPNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | 38.1                     |            | E                  |  |
| WPNE-DT2                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 38.2                                 |                          | E-M        |                    |  |

|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                            |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|----------------------------|
| Name                                                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TDS Metrocom, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                    | SYSTEM ID#<br><b>63973</b> |
| <div><div>G</div><div>Primary Transmitters: Television</div></div> | PRIMARY TRANSMITTERS: TELEVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                    |                            |
|                                                                    | <p><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 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.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li></ul> <p><b>Column 1:</b> List each station's call sign. Do <i>not</i> 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.</p> <p><b>Column 2:</b> 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.</p> <p><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" (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.</p> <p><b>Column 4:</b> 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.</p> |                          |                    |                            |
|                                                                    | 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION     |
|                                                                    | WPNE-DT3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 38.3                     | E-M                | Green Bay, WI              |
|                                                                    | WPNE-DT4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 38.4                     | E-M                | Green Bay, WI              |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                            |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                            |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                            |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                            |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                            |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                    |                            |

SYSTEM ID#

63973

## Н

**Primary Transmitters:**  
**Radio**

**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:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

[illegible]

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                        |                            |                                   |                    |                        |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|----------------------------|-----------------------------------|--------------------|------------------------|
| Name                                                   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TDS Metrocom, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                        | SYSTEM ID#<br><b>63973</b> |                                   |                    |                        |
| Substitute Carriage: Special Statement and Program Log | <b>SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                        |                            |                                   |                    |                        |
|                                                        | <b>In General:</b> In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.                                                                                      |                    |                        |                            |                                   |                    |                        |
|                                                        | <b>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                        |                            |                                   |                    |                        |
|                                                        | • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? <div><div></div> YES<div><input checked="" type="checkbox"/> NO</div></div>                                                                                                                                                                                                                                                                                                         |                    |                        |                            |                                   |                    |                        |
|                                                        | <b>Note:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.                                                                                                                                                                                                                                                                                                                                                                                            |                    |                        |                            |                                   |                    |                        |
|                                                        | <b>2. LOG OF SUBSTITUTE PROGRAMS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                        |                            |                                   |                    |                        |
|                                                        | <b>In General:</b> List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.                                                                                                                                                                                                                                                                                                                                     |                    |                        |                            |                                   |                    |                        |
|                                                        | <b>Column 1:</b> Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." |                    |                        |                            |                                   |                    |                        |
|                                                        | <b>Column 2:</b> If the program was broadcast live, enter "Yes." Otherwise enter "No."                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                        |                            |                                   |                    |                        |
|                                                        | <b>Column 3:</b> Give the call sign of the station broadcasting the substitute program.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                        |                            |                                   |                    |                        |
|                                                        | <b>Column 4:</b> Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).                                                                                                                                                                                                                                                                                                           |                    |                        |                            |                                   |                    |                        |
|                                                        | <b>Column 5:</b> Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."                                                                                                                                                                                                                                                                                                                                                                               |                    |                        |                            |                                   |                    |                        |
|                                                        | <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> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.                                                                                                                                     |                    |                        |                            |                                   |                    |                        |
|                                                        | SUBSTITUTE PROGRAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                        |                            | WHEN SUBSTITUTE CARRIAGE OCCURRED |                    | 7. REASON FOR DELETION |
|                                                        | 1. TITLE OF PROGRAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION      | 5. MONTH AND DAY                  | 6. TIMES FROM — TO |                        |
|                                                        | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                        |                            |                                   | —                  |                        |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                        |                            |                                   | —                  |                        |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                        |                            |                                   | —                  |                        |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                        |                            |                                   | —                  |                        |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                        |                            |                                   | —                  |                        |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                        |                            |                                   | —                  |                        |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                        |                            |                                   | —                  |                        |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                        |                            | —                                 |                    |                        |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                        |                            | —                                 |                    |                        |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                        |                            | —                                 |                    |                        |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                        |                            | —                                 |                    |                        |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                        |                            | —                                 |                    |                        |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                        |                            | —                                 |                    |                        |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                        |                            | —                                 |                    |                        |

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Name</b>                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>TDS Metrocom, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>SYSTEM ID#</b><br><b>63973</b>                                |
| <b>K</b><br><b>Gross Receipts</b>          | <b>GROSS RECEIPTS</b><br><b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (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.<br>Gross receipts from subscribers for secondary transmission service(s) .....<br>during the accounting period. ....<br><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts. |                                                                  |
|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>\$ 12,540.23</b><br><small>(Amount of gross receipts)</small> |
| <b>L</b><br><b>Copyright Royalty Fee</b>   | <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> To compute the royalty fee you owe:<br>• Complete block 1, block 2, or block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• 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<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>See page (vi) of the general instructions located in the paper SA1-2 form for more information.                                                                                                                                |                                                                  |
|                                            | <b>BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |
|                                            | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |
|                                            | 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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>0.00</b>                                                      |
|                                            | Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>\$ 52.00</b>                                                  |
|                                            | <b>BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |
|                                            | 1. Base amount under statutory formula .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>\$ 263,800.00</b>                                             |
|                                            | 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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>0.00</b>                                                      |
|                                            | 9. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 7 and 8 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |
|                                            | <b>BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |
|                                            | 1. Enter the amount of gross receipts from space K .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |
|                                            | 2. Base amount under statutory formula .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>\$ 263,800.00</b>                                             |
|                                            | 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) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>\$ 1,319.00</b>                                               |
|                                            | 6. Interest charge. Enter the amount from line 4, space Q, page 8 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>0.00</b>                                                      |
|                                            | 7. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 4, 5, and 6 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |
| <b>FILING FEE AND TOTAL REMITTANCE DUE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                  |
| <b>Filing Fee and Total Remittance Due</b> | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>\$ 52.00</b>                                                  |
|                                            | 2. Filing Fee (See the instructions for more information on filing fee calculations) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>\$ 15.00</b>                                                  |
|                                            | 3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>\$ 67.00</b>                                                  |
|                                            | <b>EFT Trace # or TRANSACTION ID #</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |
|                                            | <b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |

|      |                                                           |                     |
|------|-----------------------------------------------------------|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>TDS Metrocom, LLC | SYSTEM ID#<br>63973 |
|------|-----------------------------------------------------------|---------------------|

MChannels

CHANNELS

Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.

1. Enter the total number of channels on which the cable system carried television broadcast stations

32

2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services

161

NIndividual to Be Contacted for Further Information

INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)

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)

Email

Finance@tdstelecom.com

Fax (optional)

OCertification

CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)

I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)

☐ (Owner other than corporation or partnership) I am the owner of the cable system as identified in 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)]

X

/s/ Thomas Bader

Enter an electronic signature on the line above to certify this statement.

Enter signature using an "/s/ signature" (e.g., /s/ John Smith)

Typed or printed name:

Thomas Bader

Title:

Assistant Treasurer

(Title of official position held in corporation or partnership)

Date:

February 12, 2025

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TDS Metrocom, LLC

63973

**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?

☒ NO

☐ YES. Enter the total here and list the satellite carrier(s) below. . . . . \$ 
**P**
**Special Statement  
Concerning Gross  
Receipts Exclusion**

Name

Mailing Address

Name

Mailing Address

**INTEREST ASSESSMENT**

You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.

Line 1 Enter the amount of late payment or underpayment . . . . .

x

Line 2 Multiply line 1 by the interest rate\* and enter the sum here . . . . . -

x days

Line 3 Multiply line 2 by the number of days late and enter the sum here . . . . . -

x 0.00274

Line 4 Multiply line 3 by 0.00274\*\* and enter here  
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 . . . . . \$ -

(interest charge)

\* To view the interest rate chart click on [www.copyright.gov/licensing/interest-rate.pdf](http://www.copyright.gov/licensing/interest-rate.pdf). For further assistance please contact the Licensing Division at (202) 707-8150 or [licensing@copyright.gov](mailto: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

**Q**
**Interest Assessment**

**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 filing, a determination that would be made by a court of law.