THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIG	HT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/28/2017	ALLOCATION NUMBER

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)				
Accounting Period	January 1-June 30 .2017 July 1-December 31 (Year)				
B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.				
	1 LEGAL NAME OF OWNER OF CABLE SYSTEM: Telepak Networks, Inc. 63576				
	2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	===			
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 1018 Highland Colony Parkway, Suite 700 (Number, street, rural route, apartment, or sulte number) Ridgeland, MS 39157 (City, town, state, zip)				
С	nstructions: In line 1, give any business or trade names used to identify the business and operation of the system unless these name liready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	s			
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	2 (Number, street, rural route, apartment, or sulte number) (City, town, state, zlp)) X			
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the				
	dentified city. CITY OR TOWN STATE CITY OR TOWN STATE				
First ► Community	Ms Quitman MS Ridgeland MS Starkville MS Jackson MS Flora MS Corinth MS Madison MS Brandon MS Clinton MS	()			

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.

cite: Entities and properties such as notels, apartments, condominiums, or mobile nome parks should be reported in parentheses delow the lentified city. CITY OR TOWN STATE CITY OR TOWN STATE	Felepak Networks, Inc.			63576	Name
4 First Community of the Community of t	FCC rules: "a separate and distinct co reas and including single, discrete uninc system identification hereafter known a ote: Entities and properties such as hotels	mmunity or municipal entil orporated areas)." 47 C.F.F is the "first community." Ple	ty (including unincorporated communities B. §76.5(dd). The first community that you list ease use it as the first community on all fut	within unincorporated ist will serve as a form ure filings.	Halle
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63576 Telepak Networks, Inc. SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E In General: 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 Secondary day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken **Transmission** Service: down by categories of secondary transmission service. In general, you can compute the number of subscribers in each Subscribers category by counting the number of billings in that category (the number of persons or organizations charged separately and Rates for the particular service at the rate indicated—not the number of sets receiving service). Rate: 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. Block 1: 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. Note: 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)." Block 2: 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** NO. OF NO. OF **SUBSCRIBERS** CATEGORY OF SERVICE SUBSCRIBERS RATE RATE CATEGORY OF SERVICE Residential: 4,012 \$10.00 · Service to first set Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter Residential Nonresidential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service Services for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished Other Than at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the Secondary charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the Transmissions: letters "PP" in the rate column. Rates Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 2 **BLOCK 1** RATE CATEGORY OF SERVICE RATE RATE | CATEGORY OF SERVICE CATEGORY OF SERVICE Installation: Non-residential Continuing Services: \$20.00 · Motel, hotel · Pay cable Commercial · Pay cable-add'l channel · Pay cable · Fire protection Pay cable-add'l channel Burglar protection Installation: Residential Fire protection \$50.00 Burglar protection First set Other Services: Additional set(s) \$50.00 · FM radio (if separate rate) Reconnect

Disconnect

· Outlet relocation

Move to new address

\$50.00

\$50.00

Converter

	Name
63576	
	63576

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

Do not list the station here in space G-but do list it in space I (the Special Statement Program Log)-if the station was carried only on a substitute basis.

List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its

community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "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.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WJTV	12	N	JACKSON, MS
WAPT	16	N	JACKSON, MS
WDBD	40	N	JACKSON, MS
WLBT	3	N	JACKSON, MS
WLOO	35	1	JACKSON, MS
WMPN	29	E	JACKSON, MS
WCBI	4	N	COLUMBUS, MS
WLOV	27	N	WEST POINT, MS
WTVA	9	N	TUPELO, MS
WEPH	49	ī	TUPELO, MS
WGBC	30	N	MERIDIAN, MS
WMDN	24	N	MERIDIAN, MS
WTOK	11	N	MERIDIAN, MS
,,			

G

Primary Transmitters: Television

						FORM SA1-2. PAGE 4.		
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Telepak Networks, Inc. 63576							63576
Primary Transmitters: Radio	PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend; and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (iv) of the general instructions. 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).							
	CALL DION	AA4 au E84	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	CALL SIGN	AM or FM	5/0	LOCATION OF STATION	CALL SIGN	AIVI OI I IVI	3/0	LOCATION OF CIVILION
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LEGAL NAME OF OWNER OF CABLE SYSTEM Telepak Networks, Inc.					63576		Name
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis 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.						Substitute Carriage: Special	
 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?						Statement and Program Log	
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: 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." Column 2: If the program was broadcast live, enter "Yes.". Otherwise, enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: 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). Column 5: 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." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a 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." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required 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.	STITUTE	PROGRAM	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SUBSTITUTE GE OCCURRED	7. REASON	
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	FOR DELETION	
		H			7		
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Program and Market and Art							

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Telepak Networks, Inc. 63576	- All Min
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this ampage (vi) of the general instructions. • Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	on service nount, see
L Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructors: To compute the royalty fee you owe: Complete block 1, block 2, or block 3 Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information.	63,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
A II	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mo	onth
(accounting period is \$52.00 Line 1. Royalty fee for accounting period	00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 · · · · · · · · · · · · · · · · · ·	
	Line 3. Filling Fee \$15.0	00
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.	
ľ	Add lines 1, 2 and 3	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula · · · · • \$263,800	
	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	
	9. Filing Fee	00
	TO A CONTRACT OF THE PART OF T	
ľ	10. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 7, 8 and 9	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K \$302,528.19	
	2. Base amount under statutory formula \$263,800	
	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)	
	6. Interest Charge. Enter the amount from line 4, space Q, page 8	
	7. Filling Fee	
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7	1,726.28

FORM	SA1-2	PAGE 7.

LEGAL NAME OF OWNER OF CABLE SYSTEM:		63576	Name	
Telepak Networks, Inc.		03576		
to its subscribers, and (2) the cable sys	nber of channels on which the cable system c stem's total number of activated channels du	arried television broadcast stations ring the accounting period.	M Channels	
Enter the total number of channels system carried television broadcast	on which the cable stations.			
Enter the total number of activated channels on which the cable system and nonbroadcast services.	n carried television broadcast stations	311		
INDIVIDUAL TO BE CONTACTED (Identify an individual we can contact a	IF FURTHER INFORMATION IS NEED about this statement of account.)	DED	N	
	Te		Individual to Be Contacted for Further	
(Number, street, rural route, apartment, or su			Information	
(City, town, state, zlp)	For (antique)			
Email (optional)	Fax (optional)			
CERTIFICATION (This statement of tions, as explained in the general instr	account must be certified and signed in acco	rdance with Copyright Office regula-	0	
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 corporable system as identified in line 1	oration or partnership) I am the duly author of space B, and that the owner is not a corp	ized agent of the owner of the coration or partnership; or		
(Officer or partner) I am an officer owner of the cable system in line 1	(if a corporation) or a partner (if a partnersh of space B.	ip) of the legal entity identified as		
I have examined the statement of a tained herein are true, complete, are good faith. [See 18 U.S.C. sec.100]	account and hereby declare under penalty of nd correct to the best of my knowledge, info [1]	law that all statements of fact con- rmation, and belief, and are made in		
Ha	ndwritten signature: Bush	2/7		
Тур	ped or printed name: Brooks Derryberry	20 (20 (10 (20 (20 (20 (20 (20 (20 (20 (20 (20 (2		
Tit	le: Vice President - Telapex, Inc. (Title of official position held in co	rporation or partnership)		
Da	te: 8/28/17			

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Telepak Networks, Inc.	63576
P Special Statement Concerning Gross Receipts Exclusions	SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, so lowing sentence: "In determining the total number of subscribers and the service of providing secondary transmissions of primary b scribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, so During the accounting period, did the cable system exclude a made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) by	gross amounts paid to the cable system for the basic roadcast transmitters, the system shall not include subng secondary transmissions pursuant to section 119." be the note on page (vi) of the general instructions. any amounts of gross receipts for secondary transmissions
	Name Malling address	Name Mailing address
Q Interest Assessment	INTEREST ASSESSMENT You must complete this worksheet for those royalty payment For an explanation of interest assessment, see page (vii) of Line 1. Enter the amount of late payment or underpayment.	the general instructions.
	Line 2. Multiply line 1 by the interest rate* and enter the sun	x
	Line 3. Multiply line 2 by the number of days late and enter	the sum herex00274
	Line 4, Multiply line 3 by .00274** and enter here and in spa line 2, or block 2, line 8, or block 3, line 6	ce L (page 6) block 1,\$ (interest charge)
	* To view the interest rate chart click on www.copyright.go contact the Licensing Division at (202) 707-8150 or licens	
	**This is the decimal equivalent of 1/365, which is the intel Note: If you are filing this worksheet covering a statement of	
	list below the owner, address, first community served, ID nu Owner	mber, and accounting period as given in the original filing.
	ID number First community served	

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