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

SA1-2E Short Form

Cable Systems (Short Form) \$	TATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workboo by email to:
	cable Systems (Short Form)		\$	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2017/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2017/1 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	х	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Inside Connect Cable LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 436449 (Number, street, rural route, apartment, or suite number)
		Louisville, KY 40253 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE STSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name	Inside Connect Cable LLC	0.0.2
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future f	community" is the same as a "community unit" as defined in FCC rules: orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Bullitt	КҮ
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							TEM ID
Name							010	
	Inside Connect Cable Ll	_0						
Е	SECONDARY TRANSMISSION							
E	In General: The information in s							
Cocondom.	system, that is, the retransmission about other services (including p							
Secondary Transmission	last day of the accounting period					st be those exi	sung on the	
Service: Sub-	Number of Subscribers: Both	•	,		, ,	he cable syste	m, broken	
scribers and	down by categories of secondary							
Rates	each category by counting the n						ns charged	
	separately for the particular serv Rate: Give the standard rate c						urge and the	
	unit in which it is generally billed							
	category, but do not include disc							
	Block 1: In the left-hand block							
	systems most commonly provide							
	that applies to your system. Note categories, that person or entity							
	subscriber who pays extra for ca							
	first set" and would be counted o							
	Block 2: If your cable system I							
	printed in block 1 (for example, the subscribers of							
	with the number of subscribers a sufficient.	nu rates, in the	e ngnt-nand i	DIOCK. A LWO- OI	tillee-word de	scription of the	e service is	
		DCK 1				BLO	CK 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATEGORY C		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRIB			JATEGORT	F SERVICE	SUBSCRIBERS	RAIL
	Service to first set		314	24.95				
	Service to additional set(s)			24.00				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSION	S: RATES				
F	In General: Space F calls for rat		,	•	•	•		
•	not covered in space E, that is, the							
Services	service for a single fee. There ar furnished at cost or (2) services							
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the	rate column.	-	-	-			
ransmissions:	Block 1: Give the standard rat							
Rates	Block 2: List any services that listed in block 1 and for which as							
	brief (two- or three-word) descrip							
		BLO	∩K 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE		OF SERVICE	RAT	E CATE	GORY OF SERVICE	RATE
	Continuing Services:		Installation	: Non-residenti	ial			
	Pay cable		• Motel, h	otel		Conv	erter	2.9
	 Pay cable—add'l channel 		Comme	cial		Prem	ium Channel	16.9
	Fire protection		• Pay cab	le				
	•Burglar protection		• Pay cab	le-add'l channel				
	Installation: Residential		• Fire prot					
	• First set	49.95	• Burglar	protection				I
	1	[Other servi					1
	 Additional set(s) 			LE3.				
	 Additional set(s) FM radio (if separate rate) 		Reconne					
	.,			ect				
	• FM radio (if separate rate)		• Reconne	ect ect				

unting Period: 2	-			FORM SA1-2E. PAG	
Name	LEGAL NAME OF OWNER OF			SYSTEM	
	Inside Connect Cable				
G Primary ansmitters: relevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	WAVE	3	N	Louisville, KY	
	WAVE-DT2	3.2	I-M	Louisville, KY	
	WAVE-DT3	3.3	I-M	Louisville, KY	
	WLKY	32	N	Louisville, KY	
	WHAS	11	Ν	Louisville, KY	
	WHAS-DT2	11.2	I-M	Louisville, KY	
	WBKI	34	I	Louisville, KY	
	WKPC	15	Е	Louisville, KY	
	WKPC-DT2	15.2	E-M	Louisville, KY	
	WKPC-DT3	15.3	E-M	Louisville, KY	
	WBNA	21	I	Louisville, KY	
	WBNA-DT2	21.2	I-M	Louisville, KY	
	WBNA-DT3	21.3	I-M	Louisville, KY	
	WBNA-DT4	21.4	I-M	Louisville, KY	
	WLKY	32.2	I-M	Louisville, KY	
	WDRB	41	N	Louisville, KY	
	WDRB-DT2	41.2	I-M	Louisville, KY	
	WMYO	58	I	Louisville, KY	

EGAL NAME OF			/STEM:						SYSTEM
nside Conn	ect Cable L	LC							
PRIMARY TRA n General: List			arried on a separate and disc	ret	e basis and list	those FM sta	tions ca	rried on an	н
			nerally receivable by your cal						
Special Instruc	tions Conce	rning Al	I-Band FM Carriage: Under	Сс	opyright Office r	egulations, ar	n FM sig	nal is generally	Primary
eceivable if (1)	it is carried by	y the sys	stem whenever it is received a	at t	the system's he	adend, and (2	2) it can	be expected,	Transmitters
	-		ved at the headend, with the pyright Office regulations on			-			Radio
aper SA1-2 for				un	is point, see pa	ge (v) of the g			
		-	each station carried.						
			on is AM or FM. nal was electronically proces	sei	d by the cable s	vstem as a se	enarate	and discrete	
			k mark in the "S/D" column.			yotom do d ot	opulato		
			on (the community to which t				C or, in	the case of	
lexican or Can	adian stations	s, if any,	the community with which the	e s	tation is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ц	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
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Accounting Perio	d: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Inside Connect Cable	LLC						0
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
	In General: In space I, identi	fv everv noi	nnetwork televis	<i>sion program.</i> broadcast by	a distant stat	ion. that vour o	cable svste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or auth	orizations.	For a further
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork television	on program	
Program Log	broadcast by a distant star	tion?					YES	× NO
0 0	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," γou mι	ist complete t	he progran	n
	log in block 2.	,		, ,	, j			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their r	meaning is	
	clear. If you need more spa					4		
	period, was broadcast by a			ision program ("substitute ur cable system substitute				
	under certain FCC rules, re							
	Do not use general categor	ies like "mo						
	"NBA Basketball: 76ers vs.		lagat liva anto	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		CC or, in	
	the case of Mexican or Can							41-
	first. Example: for May 7 giv		when your sys	tem carried the substitute	brogram. Use	numerais, wi	ith the mor	ונרו
			substitute pro	gram was carried by your	cable system.	List the time	s accurate	ly
	to the nearest five minutes.							-
	stated as "6:00–6:30 p.m."	or "D" if tho	listed program	was substituted for progra	mming that y	our evetors w	as roquiro	d
	to delete under FCC rules a							
	was substituted for program	ming that y						
	effect on October 19, 1976.							
					WHE	N SUBSTIT	UTE	
	S		E PROGRAM	1		AGE OCCU		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. TIN FROM —	NES - TO	DELETION
						_		
						_		
						_		
						_		
							·	
						_		

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Inside Connect Cable LLC		0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e 7,005.80
L Copyright	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3.		
Royalty Fee	 Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		<u> </u>
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	<u> </u>	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2017/1							FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF	OWNER OF CABLE SYSTEM: Ct Cable LLC						SYSTEM ID:
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	You must give (1) the number of rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channel cable system carried television cast services	total numb ch the cabl s els n broadcas	ber of activated ch le st stations	nannels during the a	accounting period.	ast stations	18 150+
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NE	EDED (Identify an i	ndividual to whom		
for Further Information	Name	Bruce Beard					Telephone	312-372-3930
	Address	307 N. Michigan Ave (Number, street, rural route, apar Chicago, IL 60601 (City, town, state, zip)						
	Email	Bbeard@Cinna	amonMue	eller.com		Fax (optional)	312-372-393	9
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	I (This statement of account m ed, hereby certify that (Check o er other than corporation or p at of owner other than corpora line 1 of space B and that the o cer or partner) I am an officer (line 1 of space B. d the statement of account and te, and correct to the best of my ion 1001(1986)]	one, <i>but onl</i> partnership ation or pa owner is no (if a corpora hereby dea y knowledg	<i>Iy one</i> , of the boxe p) I am the owner of artnership) I am th ot a corporation or ation) or a partner eclare under penalty ge, information, and	is.) of the cable system he duly authorized as partnership; or (if a partnership) of i y of law that all state	as identified in line gent of the owner of the legal entity iden ments of fact conta	1 of space B; f the cable sy tified as owne	stem as identified
		Typed or printed Title:	Enter sig d name: VP of	-	e on the line above t / signature" (e.g., /s		ent.	
		Date:				150		

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unting Period: 2017/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
de Connect Cable LLC	
 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 	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
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