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

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	03/01/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional - see instructions)	
Feriou			
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.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	5150
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		TELECOMMUNICATIONS MANAGEMENT, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		ONE MONTGOMERY PLAZA, 4TH FLOOR	
		(Number, street, rural route, apartment, or suite number)	
		SIKESTON, MO 63801 (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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space between in space between the system of the system in space between the system of the system of the system.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	'	TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)	
		PHOENIX, AZ 85012 (City, town, state, zip code)	
L			

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	TELECOMMUNICATIONS MANAGEMENT, LLC	15150
D	Instructions: List each separate community served by the cable system. A "communi" a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	COVINGTON	IN
Community	VEEDERSBURG	IN
	FOUNTAIN COUNTY	IN
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	-2E. PAGE
Name								515	1515
	TELECOMMUNICATION	5 MANAGE	MENI	, LLC					1010
E	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND R	ATES				
E	In General: The information in s								
Secondam.	system, that is, the retransmission about other services (including p								
Secondary Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both	•		,	,	,	le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular serve Rate: Give the standard rate c							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. <b>Note</b> 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, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-h	and block. A tv	vo- or thre	e-word descripti	on of the se	ervice is	
		DCK 1					BLOCK	2	
		NO. OF		D.4.7.5	0.17			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		424	\$24.99					
			424	əz4.99					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial		20	¢24 79					
	Converter		20	\$34.78					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
-	In General: Space F calls for rat					Il your cable sys	em's servio	ces that were	
F	not covered in space E, that is, th								
<b>.</b> .	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually	billed. If any re		larged on a valia	ible hei-hic	gram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which as				shed. List	these other serv	ices in the	form of a	
	brief (two- or three-word) descrip			ite for each.			1		
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE		BLOCK 2 RY OF SERVICE	RATE
	Continuing Services:	RAIL		ation: Non-res		RAIL	CATEGO	DRT OF SERVICE	RAIL
	Pay cable	\$9-\$18.00		tel, hotel	lacinal				
	• Pay cable—add'l channel	<b>40 \$10100</b>		nmercial					
	Fire protection			/ cable					
	•Burglar protection		,	/ cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	\$40.00		glar protection					
	Additional set(s)	ψ+0.00		services:					
	• FM radio (if separate rate)			connect		\$25.00			
	• Converter			connect		φ23.00			
	Converter		- 015	oonneot					
			• • • • •	lat releastion					
				let relocation	000	\$25.00			

	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM
lame		ONS MANAGEMENT, LLC		151
	PRIMARY TRANSMITTERS:	•		
G imary smitters: evision	In General: In space G, ide carried by your cable system FCC rules and regulations if 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do not list the station here, station was carried only 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 t 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 locatio	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6) is explained in the next paragraph. :: With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried 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 the form. el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. n case whether the station is a network sering the letter "N" (for network), "N-M" (i , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educati ictions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of th	ne community with which the station 3. TYPE OF STATION	a is identified. 4. LOCATION OF STATION
	I. OALL GION		3. THE OF OTATION	4. LOOKHON OF OTAHON
	MCIA	49	N	
		48	<u>N</u>	
	WHMB	20	<u>l</u>	INDIANAPOLIS, IN
√ecessary	WHMB WISH	20 9	I N	INDIANAPOLIS, IN INDIANAPOLIS, IN
ecessary	WHMB WISH WRTV	20 9 25	I N N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
Necessary	WHMB WISH WRTV WTHR	20 9 25 13	I N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
lecessary	WHMB WISH WRTV WTHR WTTV	20 9 25 13 48	I N N I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN
lecessary	WHMB WISH WRTV WTHR WTTV WTWO	20 9 25 13 48 36	I N N	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN TERRE HAUTE, IN
lecessary	WHMB WISH WRTV WTHR WTTV WTWO WXIN	20 9 25 13 48 36 45	I N N I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN TERRE HAUTE, IN INDIANAPOLIS, IN
Vecessary	WHMB WISH WRTV WTHR WTTV WTWO	20 9 25 13 48 36	I N N I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN TERRE HAUTE, IN
Necessary	WHMB WISH WRTV WTHR WTTV WTWO WXIN	20 9 25 13 48 36 45	I N N I N I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN TERRE HAUTE, IN INDIANAPOLIS, IN
: Necessary	WHMB WISH WRTV WTHR WTTV WTWO WXIN WFYI	20 9 25 13 48 36 45 21	I N N I N I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN TERRE HAUTE, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
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ıs Necessary	WHMB WISH WRTV WTHR WTTV WTWO WXIN WFYI	20 9 25 13 48 36 45 21	I N N I N I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN TERRE HAUTE, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
15 Necessary	WHMB WISH WRTV WTHR WTTV WTWO WXIN WFYI	20 9 25 13 48 36 45 21	I N N I N I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN TERRE HAUTE, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
as Necessary	WHMB WISH WRTV WTHR WTTV WTWO WXIN WFYI	20 9 25 13 48 36 45 21	I N N I N I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN TERRE HAUTE, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
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5 as Necessary	WHMB WISH WRTV WTHR WTTV WTWO WXIN WFYI	20 9 25 13 48 36 45 21	I N N I N I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN TERRE HAUTE, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
as Necessary	WHMB WISH WRTV WTHR WTTV WTWO WXIN WFYI	20 9 25 13 48 36 45 21	I N N I N I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN TERRE HAUTE, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
5 as Necessary	WHMB WISH WRTV WTHR WTTV WTWO WXIN WFYI	20 9 25 13 48 36 45 21	I N N I N I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN TERRE HAUTE, IN INDIANAPOLIS, IN INDIANAPOLIS, IN
as Necessary	WHMB WISH WRTV WTHR WTTV WTWO WXIN WFYI	20 9 25 13 48 36 45 21	I N N I N I	INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN TERRE HAUTE, IN INDIANAPOLIS, IN INDIANAPOLIS, IN

Accounting P	eriod: 2017	/2					FORM	I SA1-2E. PAGE 4.
								SYSTEM ID#
TELECOMM	UNICATIO	NS MA	NAGEMENT, LLC					15150
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S	it is carried by monitoring, to prmation about m. lentify the call tate whether	y the sys be recein at the Co I sign of the static	I-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM.	t the system's he system's FM ante his point, see pa	adend, and (2 enna, during c ge (v) of the g	2) it can ertain s jeneral i	be expected, tated intervals. instructions in the.	Primary Transmitters: Radio
signal, indicate <sup>·</sup> Column 4: G	this by placing live the station	g a checl n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC			
			[					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
		+						

Accounting Perio	od: 2017/2					FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	TELECOMMUNICATIO	NS MANA	GEMENT, L	LC			15150
	SUBSTITUTE CARRIAGE				2		
I I	In General: In space I, identi					ion that your cable syste	m carried on a
•	substitute basis during the ad						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE			
Special	<ul> <li>During the accounting peri</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork telev <u>ision</u> prograr	n
Statement and Program Log	broadcast by a distant stat	tion?				YES	NO
i rogiani zog	Note: If your answer is "No"	leave the	rest of this nac	e blank. If your answer is '	Yes " vou mi		m
	log in block 2.	, leave the	rest of this pag		res, you me	ior complete the progra	
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst	itute progra	m on a separa		wherever pos	sible, if their meaning is	3
	clear. If you need more space						_
	period, was broadcast by a			sion program ("substitute p ur cable system substituted			
	under certain FCC rules, reg						
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live ente	"Yes." Otherwise enter "N	lo "		
				sting the substitute progra			
				e community to which the			
	the case of Mexican or Can			community with which the steep carried the substitute p			oth
	first. Example: for May 7 giv		when your sys				iiui
	Column 6: State the time	es when the		gram was carried by your o			ely
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	mming that v	our system was require	ed
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the listed prog	
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						<u> </u>	
						_	
						_	
							"
						_	
						—	
						_	]

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC	S	*STEM ID# 15150
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 service s amount, see	e <b>5,861.52</b>
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$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		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	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:	2017/2						FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: NICATIONS MANAGEMEN	NT, LLC				SYSTEM ID# 15150
M Channels	<ul> <li>to its subscribe</li> <li>1. Enter the tota system carried</li> <li>2. Enter the tota on which the of</li> </ul>	You must give (1) the number rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channe cable system carried television lcast services	total numb ch the cabl s els n broadcas	per of activated channele	els during the a	ccounting period.	10 292
N Individual to Be Contacted	we can contact	O BE CONTACTED IF FURTI about this statement of accou	unt.)	RMATION IS NEEDE	D (Identify an in		602 264 6105
for Further Information	Name					Telephone	e <u>602-364-6195</u>
	Address	210 E. EARLL DRIVE (Number, street, rural route, apar		ite number)			
		PHOENIX, AZ 85012 (City, town, state, zip)	2				
	Email	EMERSON.YE	EARWOO	D@CABLEONE.BIZ	-	Fax (optional) 602-364-60	13
0	CERTIFICATION	I (This statement of account m	must be cer	rtified and signed in ac	ccordance with (	Copyright Office regulations)	
Certification	• I, the undersigr	ned, hereby certify that (Check o	one, <i>but onl</i>	ly one, of the boxes.)			
	(Own	er other than corporation or p	partnership	<b>p)</b> I am the owner of the	e cable system a	is identified in line 1 of space I	3; or
		nt of owner other than corporation in the formation of space B and that the formation of space B and that the formation of the space B and that the formation of the space B and the space B a				ent of the owner of the cable s	system as identified
	X (Offi	cer or partner) I am an officer (				ne legal entity identified as ow	ner of the cable system
	I have examine	n line 1 of space B. ed the statement of account and te, and correct to the best of my ion 1001(1986)]					
				/s/ RAYMOND s electronic signature on inature using an "/s/ sign	the line above to		-
		Typed or printe	ed name:	RAYMOND ST	ORCK		
		Title:		PRESIDENT	artnership)		
		Date:			a. aroronip)	February 28, 2018	

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 the 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 telephol 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 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 t 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 lav

unting Period: 2017/2		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
ECOMMUNICATIONS MANAGEMENT, LLC		1515
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright A lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable sy service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursua For more information on when to exclude these amounts, see the note on page (vii) of the general located in the paper SA1-2 form.	stem for the basic a shall not include sub- ant to section 119." instructions	P Special Statement Concerning Gross Receipts Exclusior
During the accounting period, did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners?	ondary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name		
Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late paym		Q
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