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> For additional information,
General instructions are located in the first tab of this workbook	03/01/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YY	YY/(Period))	

~	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	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.
	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
	ULTRA COMMUNICATIONS GROUP, 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	INSTRUCTIONS: 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.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	ULTRA COMMUNICATIONS GROUP, LLC D/B/A NEWWAVE COMMUNICATIONS MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	PHOENIX, AZ 85012 (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 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#
Name	ULTRA COMMUNICATIONS GROUP, LLC	25615
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings	l communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob identified city.	le home parks should be reported in parentheses below the
	CITY OR TOWN KINGSVILLE	STATE TX
First Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE
Name	ULTRA COMMUNICATIO		, LLC						2561
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate c 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	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or D blocks in space (transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc	BSCRI cover al and rad ace F, r ecembe ce E call service. s in tha ndicated h catego (0/mth") for adva e form lia ribers. C	BERS AND RA Il categories of lio broadcasts not here. All tha r 31, as the ca l for the number In general, yo t category (the d—not the num pry of service. . Summarize a ince payment. sts the categor Give the number	secondary by your sy e facts you se may be er of subsc u can com number of set Include bo ny standar ries of seco	stem to subscrit state must be t b). There is to the cat pute the numbe f persons or org s receiving serv th the amount o rd rate variations ondary transmis tribers and rate to	pers. Give i hose existin ole system, r of subscri anizations ice). f the charge s within a p sion service for each list	nformation ng on the broken bers in charged e and the articular rate e that cable ed category	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system 1 printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to a nce again und nas rate catego ers of services	nted as a additiona er "Serv pries for that inc	a subscriber in al sets would b ice to addition secondary tra clude one or m	each appl e included al set(s)." nsmission ore second	licable category. I in the count un service that are dary transmissio	Example: der "Servic different fro ns), list the	a residential e to the om those m, together	
	BLC	DCK 1					BLOCK		-
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRID			CAT		(VICL	SUBSCRIBERS	
	Service to first set		1.635	\$36.30					
	Service to additional set(s)		-,	<i></i>					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		576	\$36.30					
	Converter			<i></i>					
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services t e two exceptio or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) infor hat are ns: you ished to usually ne cable stem fun e was n	mation with re not offered in do not need to o nonsubscribe billed. If any ra e system for ea nished or offer nade or establi	spect to al combinatio give rate i ers. Rate in ates are ch ach of the a ed during t	on with any seco information cond formation shoul arged on a varia applicable servic the accounting p	ndary trans cerning (1) d include b able per-pro ces listed. ceriod that v	emission services oth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	\$9-\$18.00		ation: Non-res	idential				
	• Pay cable			tel, hotel					
	Pay cable—add'l channel			nmercial					
	Fire protection		-	cable					
	•Burglar protection			cable-add'l cl	nannel				
	Installation: Residential			protection					
	• First set	40.00		glar protection					
	 Additional set(s) 			services:					
	• FM radio (if separate rate)			connect		\$25.00			
	Converter		• Dise	connect					
			• Out	let relocation		\$25.00			

Name G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(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 basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann 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	TIONS GROUP, LLC TELEVISION entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 se explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: the in space G—but do list it in space I (the n 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	t (1) stations carried only on a part he carriage of certain network prog S1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the station	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M" ttional multicast). n is licensed by the
G Primary ansmitters: elevision	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(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 basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann 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	TELEVISION entify every television station (including im during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: re 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 tele /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), c erms, see page (iv) of the general instru- on of each station. For U.S. stations, list	t (1) stations carried only on a part he carriage of certain network prog S1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting ove station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the station	television stations) t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" tional multicast). n is licensed by the
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(F	(for independent multicast) For the meaning of these te Column 4: Give the location	, "E" (for noncommercial educational), c erms, see page (iv) of the general instru on of each station. For U.S. stations, list	or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the station	itional multicast). n is licensed by the
F	For the meaning of these te Column 4: Give the location	erms, see page (iv) of the general instru on of each station. For U.S. stations, list	uctions in the paper SA1-2 form. t the community to which the station	n is licensed by the
	FCC. For Mexican or Cana	Idian stations, if any, give the hame of u	he community with which the stallo	on is identifiea.
ļ				
-	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
1	K22JA-D	47	Ν	CORPUS CHRISTI, TX
ſ	KEDT	23	E	CORPUS CHRISTI, TX
ows as Necessary	KIII	8	N	CORPUS CHRISTI, TX
l L	KORO	27	I	CORPUS CHRISTI, TX
	KRIS	13	Ν	CORPUS CHRISTI, TX
ſ	KSCC	38	l	CORPUS CHRISTI, TX
	KZTV	10	Ν	CORPUS CHRISTI, TX
r -				
m				
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Accounting F	Period: 2017	/2					FORM	/I SA1-2E. PAGE /
								SYSTEM ID
ULTRA CON	IMUNICAT	IONS G	ROUP, LLC					256 1
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					Н
receivable if (1) on the basis of For detailed info	it is carried b monitoring, to prmation abou	y the sys	I-Band FM Carriage: Under of stem whenever it is received a ved at the headend, with the opyright Office regulations on	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters: Radio
Column 2: S Column 3: If	dentify the cal State whether the radio stat	the statio	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	sed by the cable s	system as a se	eparate	and discrete	
Column 4: G	Give the statio	n's locati	on (the community to which the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		UNEL OIGN		5/0		
		<u> </u>						
		1	1					

Accounting Perio	od: 2017/2					FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	ULTRA COMMUNICAT	IONS GR	OUP, LLC				25615
	SUBSTITUTE CARRIAGE				2		
1	In General: In space I, identi					ion that your cable syste	m carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting period 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television progran	n
Program Log	broadcast by a distant stat	tion?				YES	NO
	Note: If your answer is "No'	, leave the	rest of this pac	e blank. If your answer is "	Yes," you mu	ist complete the program	m
	log in block 2.	,		, ,	· · · · ·	,	
	2. LOG OF SUBSTITUTE		MS				
	In General: List each subst				wherever pos	sible, if their meaning is	;
	clear. If you need more spa			rows to the tables. ision program ("substitute p	orogram") tha	t during the accounting	
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further information	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	0."		
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute program	m.		
	Column 4: Give the broat the case of Mexican or Can			e community to which the			
				tem carried the substitute p			nth
	first. Example: for May 7 giv	ve "5/7."	, ,		U		
				gram was carried by your o			ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	i program cam	ed by a system nom 6.01.1	5 p.m. to 6.2	o.so p.m. should be	
	Column 7: Enter the lette			was substituted for progra			
	to delete under FCC rules a						am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	FCC fulles a	nu regulations in	
	, , , ,						
						IN SUBSTITUTE	
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM – TO	
						_	
							"
						_	
						_	
							"
						<u> </u>	
						_	
						_	
							"
						_	
						_]
		•					•

Accounting Period:	2017/2			FORM S	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC			ç	EYSTEM ID# 25615
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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 receipting from subscribers for secondary transmission.	ystem's s	econdary trans to compute this	mission servi s amount, see \$ 26	ce
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that ye	ou must pay for	this six-month	l
	Line 1. Royalty fee for accounting period				
	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 line	es 1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	ore than \$137,	100)	
	1. Base amount under statutory formula	6	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 a	and 8	·····.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	6	265,589.26		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		1,789.26		
	4. Multiply line 3 by .01			17.89	
	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			¢	1,336.89
				Ψ	1,000.00
	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)	· · · · · · · · · · .	\$	1,336.89	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	•••••	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,356.89
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		ghts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC	SYSTEM ID# 25615
M Channels	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	7
	and nonbroadcast services	161
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name EMERSON YEARWOOD Telephone	602-364-6195
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)	
	PHOENIX, AZ 85012 (City, town, state, zip)	
	Email EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-601	3
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned in line 1 of space B.	er of the cable system
	 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/ RAYMOND STORCK	
	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: RAYMOND STORCK	
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership)	
	Date: 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. PA
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTE
TRA COMMUNICATIONS GROUP, LLC	25
 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 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 transmismade by satellite carriers to satellite dish owners? 	basic clude sub- n 119." Concerning Gro Receipts Exclus
ΧΝΟ	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-	
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1- Line 1 Enter the amount of late payment or underpayment	2 form.
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