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	T 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

Accounting Period       Pariod 1 = January 1 - June 30       Period 2 = July 1 - December 31         Accounting Period       Barcode Data Filing Period (optional - see instructions)         B       December 30         B       One the full legal ame of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate little of the subsidiary, not that of the parent corporation. Use 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 roysity fee payment covering the entire accounting period.       B306         Check here if this is the system's first filing. If not, enter the system's 10 number assigned by the Licensing Division.       B306         LEGAL NAME OF OWNER/MALLING ADDRESS OF CABLE SYSTEM ULTRA COMMUNICATIONS GROUP, LLC       BUSINESS NAME(3) OF OWNER OF CABLE SYSTEM ONE MONTEOMERY PLAZA, 411 FLOOR Number assigned by the Licensing Division.       B306         C       NSINESS OF OWNER OF CABLE SYSTEM ONE MONTEOMERY PLAZA, 411 FLOOR Number assigned by the business and operation of the system unless these names already appear in space B. In line 2, give the maling address of the system, if different from the address given in space B.         1       UPENFICATION OF CABLE SYSTEM ONE COMUNICATIONS GROUP, LLC O/B/A NEWWAVE COMMUNICATIONS MALING ADDRESS OF CABLE SYSTEM ULTRA COMMUNICATIONS GROUP, LLC O/B/A NEWWAVE COMMUNICATIONS MALING ADDRESS OF CABLE SYSTEM Diverse the structure appeare in space B.         1       UPENFICATION	Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting Period         Instructions:           B Owner         Since 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.           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.         Image: Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.         Image: Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.         Image: Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.         Image: Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.         Image: Check here if this is the system's ID number assigned by the Licensing Division.         Image: Check here if this is the system's ID number assigned by the Licensing Division.         Image: Check here if this is the system's ID number assigned by the Licensing Division.         Image: Check here if this is the system's ID number assigned by the Licensing Division.         Image: Check here if this is the system of CabLE System With the owner of CabLE System With the owner of CabLE System PLAZA, 4TH FLOOR         Image: Check here if the system vision and the address of the system vision and present or address given in space B.         Image: Check here aling address of th			2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Period       Instructions:         B       Give the full gal 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.         User of the subsidiary, not that of the parent corporation.       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.       B306         Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.       B306         Image: LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       ULTRA COMMUNICATIONS GROUP, LLC         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM       ONE MONTGOMERY PLAZA, 4TH FLOOR         Number, steet, rund rowe, spattment, or sude number)       SIXESTON, MO 63801         System       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.         1       UPARTA COMMUNICATIONS GROUP, LLC D/B/A NEWWAVE COMMUNICATIONS         8       ULTRA COMMUNICATIONS GROUP, LLC D/B/A NEWWAVE COMMUNICATIONS         8       ULTRA COMMUNICATIONS GROUP, LLC D/B/A NEWWAVE COMMUNICATIONS         8 <th></th> <th></th> <th>Barcode Data Filing Period (optional - see instructions)</th> <th></th>			Barcode Data Filing Period (optional - see instructions)	
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Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.				
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 sulle number)           SIKESTON, MO 63801 (City, town, state, zip)           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.           1         IDENTIFICATION OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC D/B/A NEWWAVE COMMUNICATIONS MAILING ADDRESS OF CABLE SYSTEM: 2           2         210 E. EARLL DRIVE (Number, street, rural route, apartment, or suble number) PHOENIX, AZ 85012			Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	8306
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)           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.           1         IDENTIFICATION OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC D/B/A NEWWAVE COMMUNICATIONS MAILING ADDRESS OF CABLE SYSTEM: 2           2         210 E. EARLL DRIVE (Number: street, rural-route, apartment, or suite number) PHOENIX, AZ 85012				
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ONE MONTGOMERY PLAZA, 4TH FLOOR         (Number: street, rural route, apartment, or suite number)         Sikesston, MO 63801         (City, town, state, zip)         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       210 E. EARLL DRIVE (Number; street, rural route, apartment, or suite number)         PHOENIX, AZ 85012			· · · · · · · · · · · · · · · · · · ·	
ONE MONTGOMERY PLAZA, 4TH FLOOR         (Number: street, rural route, apartment, or suite number)         Sikesston, MO 63801         (City, town, state, zip)         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       210 E. EARLL DRIVE (Number; street, rural route, apartment, or suite number)         PHOENIX, AZ 85012				
(Number: street, rural route, apartment, or suite number)         Sikeston, Mo 63801         (City, lown, state, zip)         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         Mailling address of cable system:         2       210 E. EARLL DRIVE         (Number: street, rural route, apartment, or suite number)         PHOENIX, AZ 85012			MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
Image: City, town, state, zip)			ONE MONTGOMERY PLAZA, 4TH FLOOR (Number, street, rural route, apartment, or suite number)	
Image: System       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       210 E. EARLL DRIVE (Number: street, rural route, apartment, or suite number)         PHOENIX, AZ 85012				
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1     ULTRA COMMUNICATIONS GROUP, 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	C			
2 MAILING ADDRESS OF CABLE SYSTEM: 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012	System	1		
<ul> <li>(Number: street, rural route, apartment, or suite number)</li> <li>PHOENIX, AZ 85012</li> </ul>				
PHOENIX, AZ 85012		2	210 E. EARLL DRIVE	
(City, town, state, zip code)		2	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: ULTRA COMMUNICATIONS GROUP, LLC	SYSTEM ID# 8306
D Area Served	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
	CITY OR TOWN	STATE
First Community	WAYNESBORO BUCKATUNNA	MS MS
Add Rows as Necessary	CLARA	MS

								FORM SA1	-
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	
		ONS GROUP	, LLC						830
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
<b>.</b> .	system, that is, the retransmission								
Secondary Transmission	about other services (including p						nose existir	ng on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n	umber of billings	s in tha	t category (the	number of	persons or org	anizations		
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny stanuai		s within a p		
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide	to their subscri	ibers. C	Give the number	er of subsc	ribers and rate f	or each list	ed category	
	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					service that are	different fro	om those	
	printed in block 1 (for example, t	iers of services	that inc	clude one or m	ore second	lary transmissio	ns), list the	m, together	
	with the number of subscribers a	ind rates, in the	right-h	and block. A ty	vo- or three	e-word descripti	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF		DATE	0.4.7			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
			781	¢27.20					
	Service to first set		101	\$37.30					
	• Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel		25	¢27.20					
	Commercial		25	\$37.30					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMIS	SIONS: RATE	s				
E	In General: Space F calls for rat	e (not subscribe	er) info	rmation with re	spect to al	l your cable sys	tem's servio	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		0()		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		,	,		9		<b>3</b> • • • • • ,	
Fransmissions:	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				SHEU. LISU			IOTTI OF A	
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	\$9-\$18.00	• Mo	tel, hotel					
	• Pay cable—add'l channel			mmercial					
	Fire protection		• Pa	/ cable					
	•Burglar protection			, cable-add'l cł	nannel				
	Installation: Residential			e protection	-				
	First set	\$40.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect					
	Converter			connect		\$25.00			
				tlet relocation		¥_0.00			
						<b>•</b> ••••••			
			• 1/1/0	ve to new addr	ess	\$25.00			

	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
lame		ATIONS GROUP, LLC		8
	PRIMARY TRANSMITTERS:	•		
G imary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, V <b>Column 3:</b> Indicate in eact educational station, by ent (for independent multicast For the meaning of these the <b>Column 4:</b> Give the location	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part le carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a si ne Special Statement and Program d both on a substitute basis and al see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	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 upendent), "I-M" ational multicast). in is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WDAM	7	Ν	LAUREL, MS
	WDAM WGBC	7 31	N	LAUREL, MS MERIDIAN, MS
; as Necessary		••••		
s as Necessary	WGBC	31	N	MERIDIAN, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS
s as Necessary	WGBC	31	N	MERIDIAN, MS
	WHLT	22	N	HATTIESBURG, MS

Accounting F	Period: 2017	/2					FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID
ULTRA CON	IMUNICAT	IONS G	ROUP, LLC					830
	t every radio	station ca	arried on a separate and disc nerally receivable by your cal					н
Feceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S	it is carried b monitoring, to ormation abou rm. dentify the cal State whether	y the sys be recein at the Co I sign of the static	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM.	at the system's he system's FM ante this point, see pa	eadend, and (2 enna, during c ige (v) of the g	2) it can ertain st jeneral i	be expected, tated intervals. nstructions in the.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing Give the station	g a checl n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which t the community with which the	he 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					FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	ULTRA COMMUNICAT	IONS GR	OUP, LLC				8306
	SUBSTITUTE CARRIAGE				<u>`</u>		
Substitute Carriage:	In General: In space I, identi substitute basis during the ac explanation of the programm 1. SPECIAL STATEMEN	fy <i>every noi</i> ccounting pe ing that mus	nnetwork televis eriod, under spe st be included in	sion program, broadcast by ecific present and former FC this log, see page (v) of the	a <i>distant</i> stati C rules, regul	ations, or authorizations	. For a further
Special	During the accounting period				e anv nonnet	twork television program	n
Statement and	broadcast by a distant stat	-	readic system	carry, on a substitute basi	s, any nonne		
Program Log	-					YES	NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subst			to line. Lice abbroviations y	whorovor pos	sible, if their meaning is	
	clear. If you need more spar Column 1: Give the title period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can	ce, please a of every no distant stat gulations, o les like "mo Bulls." n was broad sign of the sidcast static adian static th and day	add additional i nnetwork telev ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the	rows to the tables. ision program ("substitute p ur cable system substituted s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute program the community to which the	brogram") that d for the prog eral instruction t titles, for exa lo." m. station is lice station is lice	t, during the accounting ramming of another stans for further informatio ample, "I Love Lucy" or nsed by the FCC or, in titified).	) n.
			e substitute pro	gram was carried by your o	able system.	List the times accurate	elv
	to the nearest five minutes.						, ,
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	our system was <i>require</i>	ed
	to delete under FCC rules a						
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulations in	
	effect on October 19, 1976.						
	s	UBSTITUT	E PROGRAM	1		N SUBSTITUTE	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
					7415 5711		
						_	
						_	
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Accounting Period:	2017/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC			S	¥STEM ID# 8306
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and 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 explanation 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 gross receipts from subscribers for the second statement in space P concerning gross receipts from subscribers for the second statement in space P concerning gross receipts from subscribers for the second statement in space P concerning gross receipts from subscribers for the second statement in space P concerning gross receipts from subscribers for the second statement in space P concerning gross receipts from subscribers for the second statement in space P concerning gross receipts from subscribers for the second statement in space P concerning gross receipts from subscribers for second statement in space P concerning gross receipts for the second statement in space P concerning gross receipts for the second statement in space P concerning gross receipts for the second statement in space P concerning gross receipts for the second statement in space P concerning gross receipts for the second statement in space P concerning gross receipts for the second statement in space P concerning gross receipts for the second statement in space P concerning gross receipts for the second statement in space P concerning gross receipts for the second statement in space P concerning gross receipts for the second statement in space P concerning gross receipts for the second statement in space P concerning gross receipts for the second statement in space P concerning gross receipts for the second statement in space P concerning statem	/stem's s n of how	econdary trans to compute this	mission servic s amount, see	e 1,970.66
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 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	out less th	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f accounting period is \$52.00 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 lines				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS			100)	
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K	5	151,970.66		
	3. Subtract line 2 from line 1		111,829.34		
	4. Enter the amount of gross receipts from space K		.\$1	51,970.66	
	5. Enter the amount from line 3		\$ 1	11,829.34	
	6. Subtract line 5 from line 4		\$	40,141.32	
	7. Multiply line 6 by .005 (enter figure here)			\$	200.71
	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 ar	nd 8		\$	200.71
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	300 (but	less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula				
	Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	<ol> <li>Royalty due on the first \$263,800 of gross receipts (under statutory formula)</li> </ol>			1 319 00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			· · ·	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5				
	· · · · · · · · · · · · · · · · · · ·				
	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)		\$	200.71	
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			\$	220.71
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		jhts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC	SYSTEM ID# 8306
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 .         2. Enter the total number of activated channels on which the cable on which the cable system carried television broadcast stations .         on which the cable system carried television broadcast stations	4
	and nonbroadcast services	112
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (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
	<ul> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	
	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. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
RA COMMUNICATIONS GROUP, LLC	830
<ul> <li>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."     </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusior
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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