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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@copyright.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located 9-3-19 Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	10029
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CableSouth Media III, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		1056 Jones Blvd (Number, street, rural route, apartment, or suite number)	
		Milan, TN 38358	
		(City, town, state, zip)	
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	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 fing, 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	CableSouth Media III, LLC	10029
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Fordyce	AR
Community		
Add Rows as Necessary		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM					FORM SA1	
Name	CableSouth Media III, LL						010	1002
		-0						
Е	SECONDARY TRANSMISSION			-				
	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both					•		
scribers and	down by categories of secondary							
Rates	each category by counting the nu separately for the particular serv						charged	
	Rate: Give the standard rate c						ge and the	
	unit in which it is generally billed	•	,		ard rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				condary transmis	sion convi	o that cable	
	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					ider "Servi	ce to the	
	Block 2: If your cable system I					different f	rom those	
	printed in block 1 (for example, the							
	with the number of subscribers a	and rates, in the	e right-hand block	. A two- or thre	ee-word descript	ion of the s	service is	
	sufficient.	OCK 1				BLOC	K 2	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	TEGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		140 20	05				
	Service to first set Service to additional act/a)		148 28	.95				
	Service to additional set(s) EM radio (if concrete rate)							
	• FM radio (if separate rate) Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: R	ATES				
F	In General: Space F calls for rat		,		, ,			
•	not covered in space E, that is, the service for a single fee. There are							
Services	furnished at cost or (2) services							
Other Than	amount of the charge and the un		usually billed. If a	ny rates are c	harged on a vari	able per-p	rogram basis,	
Secondary	enter only the letters "PP" in the		ha aabla ayatam f	or each of the		and linted		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that						were not	
	listed in block 1 and for which a							
	brief (two- or three-word) descrip	otion and inclue	de the rate for eac	h.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF	SERVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installation: No	n-residential				
	• Pay cable		Motel, hotel					
	Pay cable—add'l channel		Commercial					ļ
	Fire protection		• Pay cable					
	•Burglar protection		• Pay cable-ad					
	Installation: Residential		Fire protection					
	• First set	39.99	Burglar prote	ction				
	 Additional set(s) 		Other services:		10.05			
			 Reconnect 		49.99			
	• FM radio (if separate rate)	5.00			.0.00			
	 FM radio (if separate rate) Converter 	5.00	Disconnect					
	· · · /	5.00			39.99			

	LEGAL NAME OF OWNER O			FORM SA1-2E. PA SYSTEM
ame	LEGAL NAME OF OWNER OF CableSouth Media III,			10
	PRIMARY TRANSMITTERS:			
Anary nitters: rision	carried by your cable syste FCC rules and regulations i 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channo of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these ter Column 4: Give the location	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	(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
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KETS	2	N	Little Rock, AR
	KARK	4	l	Little Rock, AR
Necessary	KASN	6	N	Little Rock, AR
	κατν	7	N	Little Rock, AR
		······································		
	KLRT	8	Ν	Little Rock, AR
	KLRT KARZ	<u>8</u> 9	N N	Little Rock, AR Little Rock, AR
	KARZ	9	N	Little Rock, AR
	KARZ KTVE	9 10	N N	Little Rock, AR El Dorado, AR
	KARZ KTVE KTHV	9 10 11	N N	Little Rock, AR El Dorado, AR Little Rock, AR
	KARZ KTVE KTHV KTVN	9 10 11 12	N N	Little Rock, AR El Dorado, AR Little Rock, AR Little Rock, AR
	KARZ KTVE KTHV KTVN KKYK	9 10 11 12 13	N N	Little Rock, AR El Dorado, AR Little Rock, AR Little Rock, AR Little Rock, AR
	KARZ KTVE KTHV KTVN KKYK	9 10 11 12 13	N N	Little Rock, AR El Dorado, AR Little Rock, AR Little Rock, AR Little Rock, AR
	KARZ KTVE KTHV KTVN KKYK	9 10 11 12 13	N N	Little Rock, AR El Dorado, AR Little Rock, AR Little Rock, AR Little Rock, AR
	KARZ KTVE KTHV KTVN KKYK	9 10 11 12 13	N N	Little Rock, AR El Dorado, AR Little Rock, AR Little Rock, AR Little Rock, AR
	KARZ KTVE KTHV KTVN KKYK	9 10 11 12 13	N N	Little Rock, AR El Dorado, AR Little Rock, AR Little Rock, AR Little Rock, AR
	KARZ KTVE KTHV KTVN KKYK	9 10 11 12 13	N N	Little Rock, AR El Dorado, AR Little Rock, AR Little Rock, AR Little Rock, AR
	KARZ KTVE KTHV KTVN KKYK	9 10 11 12 13	N N	Little Rock, AR El Dorado, AR Little Rock, AR Little Rock, AR Little Rock, AR
	KARZ KTVE KTHV KTVN KKYK	9 10 11 12 13	N N	Little Rock, AR El Dorado, AR Little Rock, AR Little Rock, AR Little Rock, AR
	KARZ KTVE KTHV KTVN KKYK	9 10 11 12 13	N N	Little Rock, AR El Dorado, AR Little Rock, AR Little Rock, AR Little Rock, AR
	KARZ KTVE KTHV KTVN KKYK	9 10 11 12 13	N N	Little Rock, AR El Dorado, AR Little Rock, AR Little Rock, AR Little Rock, AR
	KARZ KTVE KTHV KTVN KKYK	9 10 11 12 13	N N	Little Rock, AR El Dorado, AR Little Rock, AR Little Rock, AR Little Rock, AR

EGAL NAME OF			(SIEM:					SYSTEM I 100
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed infor paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5,0		UNEL UIGN		5,0		
		+						

Accounting Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CableSouth Media III, I	LC						10029
	SUBSTITUTE CARRIAGE			NT AND PROGRAM I O	3			
I I	In General: In space I, identi				-	ion that you	r cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting period 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	sion progran	<u>1</u>
Statement and Program Log	broadcast by a distant stat	tion?					YES	NO
Program Log	5			a blank. If your analysis is i	·/ "			
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	e the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	r meaning is	
	clear. If you need more spa						r meaning io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			VC LUCY OF	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			FOO in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv	ve "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sł	hould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progr	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ons in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM ·	IMES — TO	DELETION
		100 01 110						
						·		
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Accounting Period:	2018/1	FORM SA1-	2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYS	STEM ID#
	CableSouth Media III, LLC		10029
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service	
	COPYRIGHT ROYALTY FEE		
L 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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	63,800	
	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 t accounting period is \$52.00	his six-mon	
	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 \$137,1)		
	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,	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) FAL	SE	
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	\$	15.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2018/1						FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Media III, LLC					SYSTEM ID# 10029
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	ers, and (2) the cable system's t tal number of channels on whic ed television broadcast stations tal number of activated channel cable system carried television	total numl th the cab total ls n broadcas	mber o able 	which the cable system carried television broad of activated channels during the accounting period	od.	10 132
N Individual to Be Contacted		O BE CONTACTED IF FURTH t about this statement of account		FORM	ATION IS NEEDED (Identify an individual to who	om	
for Further Information	Name	Cristy Workman				Telephone	731-723-9913
	Address	1056 Jones Blvd (Number, street, rural route, apart Milan, TN 38358 (City, town, state, zip)	tment, or su	suite nu	mber)		
	Email				Fax (option	al)	
O Certification	• I, the undersig	ned, hereby certify that (Check o	one, <i>but on</i>	only on	d and signed in accordance with Copyright Offic e, of the boxes.) am the owner of the cable system as identified in li		or
	 (Age (Off I have examin are true, compl 	ent of owner other than corpora in line 1 of space B and that the o icer or partner) I am an officer (in line 1 of space B. ed the statement of account and	ation or pa owner is no if a corpor hereby de	partne not a c poration declare	rship) I am the duly authorized agent of the owne	r of the cable system	stem as identified
				an elect	/ Thomas Pate tronic signature on the line above to certify this stat re using an "/s/ signature" (e.g., /s/ John Smith)	ement.	
		Typed or printed			homas Pate		
			CFO official posit		eld in corporation or partnership)	240	
		Date:			8/29/20	119	

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ounting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
bleSouth Media III, LLC	1002
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 sub scribers 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	Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessmen
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	Interest Assessmen
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
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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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