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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT O	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/28/2018	\$ ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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
		Arkwest Communications, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O Box 699, 205 East 7th Street
		(Number, street, rural route, apartment, or suite number)
		Danville, AR 72833 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Accounting Period:	2018/1								
,	•	FORM SA1-2E. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	Arkwest Communications, Inc.	002596							
	Instructions: List each separate community served by the cable system. A "commu								
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	list will serve as a form of system identification hereafter known							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN	STATE							
First	Danville	AR							
Community	Belleville Discommendation	AR							
	Blue Mountain	AR							
Add Rows as Necessary	Bluffton Casa	AR AR							
	Havana	AR							
	Logan County	AR							
	Magazine	AR							
	Ola	AR							
	Perry County	AR							
	Plainview	AR							
	Rover	AR							
	Waveland	AR							
	Yell County	AR							

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Arkwest Communications, Inc.

SYSTEM ID# 002596

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	1,441	14.95	Basic	1,388	35.00
Service to additional set(s)			Expanded Basic	799	10.00
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
	T	T			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 		Motel, hotel		1 Movie Pkg	12.95
 Pay cable—add'l channel 		Commercial		2 Movie Pkg	22.95
 Fire protection 		Pay cable		3 Movie Pkg	32.95
 Burglar protection 		Pay cable-add'l channel		4 Movie Pkg	42.95
Installation: Residential		Fire protection		HD Box	4.95
First set		Burglar protection		DVR Box	4.95
 Additional set(s) 		Other services:		SD Box	2.50
• FM radio (if separate rate)		Reconnect	20.00		
Converter		Disconnect			
		Outlet relocation	61.75		
		Move to new address	87.75		

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 002596

Arkwest Communications, Inc.
PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KARK-DT	32	N	Little Rock, AR
KARK-HD	32.1	N-M	Little Rock, AR
KARK-2	32.2	N-M	Little Rock, AR
KARK-3	32.3	N-M	Little Rock, AR
KARZ-2	44.2	I-M	Little Rock, AR
KARZ-DT	44	I	Little Rock, AR
KARZ-HD	44.1	I-M	Little Rock, AR
KARZ-3	44.3	I-M	Little Rock, AR
KASN-DT	39	I	Pine Bluff, AR
KASN-HD	39.1	I-M	Pine Bluff, AR
KATV-2	22.2	N-M	Little Rock, AR
KATV-3	22.3	N-M	Little Rock, AR
KATV-DT	22	N	Little Rock, AR
KATV-HD	22.1	N-M	Little Rock, AR
KATV-4	22.4	N-M	Little Rock, AR
KETS-2	7.2	E	Little Rock, AR
KETS-3	7.3	E-M	Little Rock, AR
KETS-DT	7	E	Little Rock, AR
KETS-HD	7.1	E-M	Little Rock, AR
KLRT-DT	30	N	Little Rock, AR
KLRT-HD	30.1	N-M	Little Rock, AR
KLRT-2	30.2	N-M	Little Rock, AR
KMYA	49	I	Camden, AR
KMYA-HD	49.1	I-M	Camden, AR
KTHV-DT	12	N	Little Rock, AR

Accounting Period: 2018/1 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 002596 Arkwest Communications, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections **Primary** 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Television Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KTHV-HD 12.1 N-M Little Rock, AR KTHV-2 12.2 N-M Little Rock, AR KTHV-3 12.3 N-M Little Rock, AR

N-M

Little Rock, AR

12.4

KTHV-4

FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Arkwest Communications, Inc.

002596

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
							
							
	 						
	 						
							
	 						
	 						
							
	 						
							
							
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Accounting Perio	LEGAL NAME OF OWNER OF	CARLE SVS	TEM:				FUR	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Arkwest Communicati		i Livi.					002596
	SUBSTITUTE CARRIAGI	- SPECIA	AL STATEME	NT AND PROGRAM I	ng .			
 Substitute	In General: In space I, identi substitute basis during the a	fy <i>every nor</i> ccounting pe	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	ılations, or a	uthorizations.	For a further
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Special								
Statement and broadcast by a distant station?								
Program Log	broadcast by a distant station? YES							
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complet	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in							tion n. nth ly
	effect on October 19, 1976.				WH	EN SUBST	TITUTE	
	S	UBSTITUT	E PROGRAM		CARF	RIAGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES						DELETION	
							_	
							_	
						-		"
						-		
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RECEIPTS ns: The figure you give in this space determines the form you file and the amount you pay. s (gross receipts) paid to your cable system by subscribers for the system's secondary tran ed in space E) during the accounting period. For a further explanation of how to compute the fire general instructions located in the paper SA1-2 form. It receipts from subscribers for secondary transmission service(s) the accounting period. NT: You must complete a statement in space P concerning gross receipts. TROYALTY FEE: To compute the royalty fee you owe: block 1, block 2, or block 3. If the amount of gross receipts in space K is \$137,100 or less 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS St. As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for period is \$52.00 Walty fee for accounting period Period is \$52.00 TAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100 to 1) and the statutory formula \$263,800.00 Hount of gross receipts from space K	smission service is amount, see \$ 131 (Amount of grown) \$ \$263,800 In this six-month \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$,470.30					
ns: The figure you give in this space determines the form you file and the amount you pay. s (gross receipts) paid to your cable system by subscribers for the system's secondary traned in space E) during the accounting period. For a further explanation of how to compute the fire general instructions located in the paper SA1-2 form. Treceipts from subscribers for secondary transmission service(s) the accounting period. NT: You must complete a statement in space P concerning gross receipts. TROYALTY FEE: To compute the royalty fee you owe: block 1, block 2, or block 3. If the amount of gross receipts in space K is \$137,100 or less 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS St. As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo period is \$52.00 Talty fee for accounting period Talt ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100 or less) BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100 or less)	smission service is amount, see \$ 131 (Amount of grown) \$ \$263,800 In this six-month \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	52.00 0.00					
ETO compute the royalty fee you owe: block 1, block 2, or block 3. 1 if the amount of gross receipts in space K is \$137,100 or less 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS EXAS a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for period is \$52.00 Walty fee for accounting period First charge. Enter the amount from line 4, space Q, page 8 EXAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 tount under statutory formula \$263,800.00	r this six-month \$ \$ \$	0.00					
ETO compute the royalty fee you owe: block 1, block 2, or block 3. 1 if the amount of gross receipts in space K is \$137,100 or less 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS EXAS a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for period is \$52.00 Walty fee for accounting period First charge. Enter the amount from line 4, space Q, page 8 EXAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 tount under statutory formula \$263,800.00	r this six-month \$ \$ \$	0.00					
s: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo period is \$52.00 //alty fee for accounting period // orest charge. Enter the amount from line 4, space Q, page 8 // TAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 tount under statutory formula	\$\$ \$	0.00					
period is \$52.00 valty fee for accounting period prest charge. Enter the amount from line 4, space Q, page 8 TAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 tount under statutory formula \$ 263,800.00	\$\$ \$	0.00					
TAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	,100)	0.00					
TAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	<u>\$</u> 7,100)						
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137 nount under statutory formula	·,100)	52.00					
nount under statutory formula	_						
· · · · · · · · · · · · · · · · · · ·	_						
nount of gross receipts from space K							
	_						
line 2 from line 1	_						
e amount of gross receipts from space K							
e amount from line 3							
line 5 from line 4							
line 6 by .005 (enter figure here)							
charge. Enter the amount from line 4, space Q, page 8	·	0.00					
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)							
e amount of gross receipts from space K							
nount under statutory formula	_						
line 2 from line 1	_						
line 3 by .01	_						
due on the first \$263,800 of gross receipts (under statutory formula)							
charge. Enter the amount from line 4, space Q, page 8	0.00						
ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6							
FILING FEE AND TOTAL REMITTANCE DUE							
Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00						
	15.00						
ee (See the instructions for more information on filling fee calculations)	\$	67.00					
	Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	Fee Payable for Accounting Period (from Block 1, 2, or 3, above)					

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7				
Name	LEGAL NAME OF OWNER OF C Arkwest Communications			SYSTEM ID# 002596				
M Channels	to its subscribers, and (2) the 1. Enter the total number of a system carried television by 2. Enter the total number of a on which the cable system	channels on which the ca roadcast stations		336				
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)							
Be Contacted for Further Information	Name P.T. Sar	nders	Telephone					
	(Number, street) Danville	th Street eet, rural route, apartment, or s , AR 72833	suite number)					
	(City, town, s	ptjr@arkwest.com	Fax (optional)					
0	CERTIFICATION (This statem	nent of account must be c	pertified and signed in accordance with Copyright Office regulations)					
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							
	in line 1 of space	ce B and that the owner is	partnership) I am the duly authorized agent of the owner of the cable sysnot a corporation or partnership; or partnership) of the legal entity identified as owne					
		t to the best of my knowled	declare under penalty of law that all statements of fact contained herein dge, information, and belief, and are made in good faith.					
			an electronic signature on the line above to certify this statement. signature using an "/s/ signature" (e.g., /s/ John Smith)					
		Typed or printed name:	P.T. Sanders					
			ident & General Manager sition held in corporation or partnership)					
		Date:	08/27/2018					

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 telephon 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 the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
rkwest Communications, Inc.	002596
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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 th 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 Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.