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 Office Licensing Division at: 9-3-19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	DUNTING 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.	28481
		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		RUCTIONS: 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 the system.	
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 fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYSTEM ID# 28481
D Area Served	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 Note: Entities and properties such as hotels, apartments, condominiums, or mobilidentified city.	nunity" is the same as a "community unit" as defined in FCC rules: d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First Community	Coahoma Lula Jonestown	MS MS MS
Add Rows as Necessary	Friars Pt. Moonlake	MS MS

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM					FORM SA1	
Name	CableSouth Media III, LL						010	2848
		-0						
Е	SECONDARY TRANSMISSION			-				
E	In General: The information in sp							
Secondary	system, that is, the retransmissic about other services (including p							
Transmission	last day of the accounting period						ing on the	
Service: Sub-	Number of Subscribers: Both	•						
scribers and	down by categories of secondary each category by counting the nu							
Rates	separately for the particular servi						chargeo	
	Rate: Give the standard rate cl						ge and the	
	unit in which it is generally billed.	•	,		ard rate variations	s within a p	particular rate	
	category, but do not include disc				ondary transmis	sion conviv	o that cable	
	Block 1: In the left-hand block systems most commonly provide							
	that applies to your system. Note							
	categories, that person or entity							
	subscriber who pays extra for ca				d in the count un	der "Servie	ce to the	
	first set" and would be counted o Block 2: If your cable system h				service that are	different f	rom those	
	printed in block 1 (for example, ti							
	with the number of subscribers a	ind rates, in the	e right-hand block	. A two- or thre	ee-word descripti	on of the s	service is	
	sufficient.	DCK 1				BLOC	()	
		NO. OF				BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		62 20	05				
	Service to first set		63 28.	.90				
	Service to additional set(s) EM radio (if congrate 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 of	•		•		••••		
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the		h h			Patad		
ransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that						were not	
nuloo	listed in block 1 and for which a s							
	brief (two- or three-word) descrip	tion 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: Nor	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 protectio					
	• First set	39.99	Burglar prote	ction				
	 Additional set(s) 		Other services:					
			 Reconnect 		49.99			
	• FM radio (if separate rate)	F 00			-0.00			
	 FM radio (if separate rate) Converter 	5.00	Disconnect					
	· · · /	5.00			39.99			

Name		· · · ·		FORM SA1-2E. PAGE 3
	LEGAL NAME OF OWNER OF			SYSTEM ID# 28481
	CableSouth Media III, PRIMARY TRANSMITTERS:			EV : V :
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as 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 th Column 2: Give the channer of license. For example, Wi 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 carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	<i>t</i> (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station	ime basis under ims [sections tions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WREG	3	E	Memphis, TN
	WMC	5	l	Memphis, TN
ows as Necessary	WXVT	8	N	Memphis, TN
	WPTY	10	N	Greenville, MS
	WHBQ	13	Ν	Memphis, TN
	WMAV	18	E	Memphis, TN
	1			
	WPRQ	23	Ν	Memphis, TN
		23 9	N N	
	WPRQ			Memphis, TN
	WPRQ WGN	9	N	Memphis, TN Chicago, IL
	WPRQ WGN	9	N	Memphis, TN Chicago, IL
	WPRQ WGN	9	N	Memphis, TN Chicago, IL
	WPRQ WGN	9	N	Memphis, TN Chicago, IL
	WPRQ WGN	9	N	Memphis, TN Chicago, IL
	WPRQ WGN	9	N	Memphis, TN Chicago, IL
	WPRQ WGN	9	N	Memphis, TN Chicago, IL
	WPRQ WGN	9	N	Memphis, TN Chicago, IL
	WPRQ WGN	9	N	Memphis, TN Chicago, IL
	WPRQ WGN	9	N	Memphis, TN Chicago, IL
	WPRQ WGN	9	N	Memphis, TN Chicago, IL
	WPRQ WGN	9	N	Memphis, TN Chicago, IL
	WPRQ WGN	9	N	Memphis, TN Chicago, IL

LEGAL NAME OI								SYSTEM I 284
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	it is carried by monitoring, to prmation about rm. dentify the call state whether if the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static tion's sig g a checl n's locati	I-Band FM Carriage: Under (item whenever it is received a wed 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral 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	
		0.0				2.2		
	+							

	od: 2018/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CableSouth Media III,	LLC						28481
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LOO	3			
I	In General: In space I, ident substitute basis during the a	ify every noi	nnetwork televis	sion program, broadcast by	a distant stati			
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special	During the accounting per	iod, did you	ir cable system	carry, on a substitute basi	s, any nonnet	work televisi	<u>on</u> progran	n
Statement and Program Log	broadcast by a distant sta	tion?					YES	NO
Trogram Log	Note: If your answer is "No	" leave the	rest of this nac	e blank. If your answer is "	Yes " vou mi	ist complete		
	log in block 2.	, leave the			res, you me		ine program	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			te line. Use abbreviations v	wherever pos	sible, if their	meaning is	5
	clear. If you need more spa					4		
	period, was broadcast by a			ision program ("substitute p ur cable system substituted				
	under certain FCC rules, re	gulations, o	or authorization	s. See page (v) of the gene	eral instruction	ns for further	information	
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lov	e Lucy" or	
	"NBA Basketball: 76ers vs.		dcast live ente	r "Yes." Otherwise enter "N	lo "			
				isting the substitute program				
				ne community to which the			FCC or, in	
	the case of Mexican or Can			community with which the steep the steep the steep the second second second second second second second second s			ith the mor	ath
	first. Example: for May 7 giv		when your sys			numerais, w		101
	Column 6: State the time	es when the		gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sho	ould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	las require	ed
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period;	enter the let	ter "P" if the I	isted progr	
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulation	ns in	
	s	UBSTITUT	E PROGRAM	1		N SUBSTIT		7. REASON FOR
	S	2. LIVE?	TE PROGRAM		5. MONTH	AGE OCCU 6. TII	IRRED MES	7. REASON FOR DELETION
				4. STATION'S LOCATION	CARRI	AGE OCCU	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCU 6. TII	IRRED MES	1

Accounting Period:	2018/1 FORM S.	A1-2E. PAGE 6.
Name		YSTEM ID#
	CableSouth Media III, LLC	28481
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	7.47
	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 \$263,800 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. 	
	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 this six-mon accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	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)	
	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) FALSE	
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 Register of Copyrights See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information	

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYSTEM ID 28481
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 system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	9 115
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 Cristy Workman Telephone 73	31-723-9913
	Address 1056 Jones Blvd (Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip)	
	Email Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 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 system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B. 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)] 	em as identified
	Typed or printed name: Thomas Pate Title: CFO (Title of official position held in corporation or partnership)	
	Date:8/29/2019	

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unting Period: 2018/1		FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
leSouth Media III, LLC		284
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrig lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cab service of providing secondary transmissions of primary broadcast transmitters, the sy scribers and amounts collected from subscribers receiving secondary transmissions price For more information on when to exclude these amounts, see the note on page (vii) of the ger located in the paper SA1-2 form.	le system for the basic rstem shall not include sub- ursuant to section 119."	P Special Statemer Concerning Gros Receipts Exclusio
During the accounting period, did the cable system exclude any amounts of gross receipts for made by satellite carriers to satellite dish owners?	r secondary transmissions	
YES. Enter the total here and list the satellite carrier(s) below.		
Name Name Mailing Address		
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late p	payment or underpayment.	•
For an explanation of interest assessment, see page (viii) of the general instructions located in		Q
For an explanation of interest assessment, see page (viii) of the general instructions located in Line 1 Enter the amount of late payment or underpayment		Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	n the paper SA1-2 form.	Q Interest Assessme
	n the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	n the paper SA1-2 form. x	Q
Line 1 Enter the amount of late payment or underpayment	n the paper SA1-2 form. x	Q Interest Assessm
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