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

Α	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.	63609
		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		UCTIONS: 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		
	-	(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CableSouth Media III, LLC	63609
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f	rated communities within unincorporated areas and including single, aat you list will serve as a form of system identification hereafter known ilings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Collins	MS
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					FORM SA1	
Name	CableSouth Media III, LL						0.0	6360
		-0						
Е	SECONDARY TRANSMISSION			-				
E	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 service						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				condany transmi	scion convi	co that cablo	
	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					nder "Servi	ce to the	
	Block 2: If your cable system I					e different f	rom those	
	printed in block 1 (for example, ti	iers of services	s that include or	e or more seco	ndary transmissi	ons), list th	em, together	
	with the number of subscribers a	ind rates, in the	e right-hand blo	ck. A two- or thr	ree-word descript	ion of the s	service is	
	sufficient.	DCK 1				BLOC	K 2	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS RA	TE CA	TEGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Service to first set		300	28.95				
	Service to additional set(s)		300	20.95				
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	-		-				
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		usually billed. I	f any rates are o	charged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable syster	n for each of the	applicable servi	ces listed		
Rates	Block 2: List any services that						were not	
	listed in block 1 and for which a s				st these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	le the rate for e	ach.				
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY C		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			lon-residential				
	Pay cable Add'l channel		Motel, hote					
	Pay cable—add'l channel Fire protection		Commercia Pay cable	11				
	Burglar protection			add'l channel				
	Installation: Residential		• Fire protect					
								1
		30.00	Burniar pre					
	First set	39.99	Burglar pro Other service					
	First setAdditional set(s)	39.99	Other service	s:	49 99			
	First set		Other service • Reconnect	s:	49.99			
	 First set Additional set(s) FM radio (if separate rate) 	39.99 5.00	Other service	s:	49.99			

ing Period: 2				FORM SA1-2E. PAGE
ame	LEGAL NAME OF OWNER OF CableSouth Media III,			SYSTEM ID 6360
	PRIMARY TRANSMITTERS:			
ary tters: sion	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(c substitute program basis, an 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel 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	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor evision station for broadcasting over the station, an independent station, or a fulfor network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WLBT	3	N	Hattiesburg, MS
	WMPN	4	E	Hattiesburg, MS
sary	WHPM	5	I	Hattiesburg, MS
	WDAM	7	N	Hattiesburg, MS
	WHPM	9	N	Hattiesburg, MS
	WHLT	12	N	Hattiesburg, MS
	WDAM	13	Ν	Hattiesburg, MS

EGAL NAME OF			/STEM:					SYSTEM I
CableSouth		LC						636
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: Io Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	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. nal was electronically process (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 leneral i eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
-								

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CableSouth Media III, I	LLC						63609
	SUBSTITUTE CARRIAGI			NT AND PROGRAM I O	G			
I I	In General: In space I, identi		-		-	ion that your o	able syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televisio	on program	ı
Statement and Program Log	broadcast by a distant star	tion?					YES	
Program Log	5		waat of this was	a blank. Kusun anavuania (·//			
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete t	ne prograr	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever nos	sible if their r	neanina is	
	clear. If you need more spa				wherever poo		ileaning is	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			Lucy of	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	the case of Mexican or Can			e community to which the			CC or, in	
				tem carried the substitute			th the mon	ith
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	uld be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system wa	as require	d
	to delete under FCC rules a	ind regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the li	sted progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulations	s in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	JTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCUI	RRED	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. TIN FROM —	IES TO	DELETION
						<u> </u>		
						<u> </u>		
						_		
						_		
						_		
							_	
						_		
						_		
						_		
						_		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
iname	CableSouth Media III, LLC		63609
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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	21
	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 \$137,10		52.00
	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) FALS	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 Register 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	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYSTEM ID# 63609
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	7 52
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	731-723-9913
	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; (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 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner 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)] (I system and correct to the best of my knowledge, information, and belief, and are made in good faith. 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: 	stem as identified
	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. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
leSouth Media III, LLC	6360
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." 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 made by satellite carriers to satellite dish owners? NO XES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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