This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	02/27/2019	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
			<u>]</u>

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20182 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	
		Inside Connect Cable LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	_
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO BOX 436449 (Number, street, rural route, apartment, or suite number)	
		(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 a 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Inside Connect Cable LLC	24135
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film	mmunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the
First	CITY OR TOWN Bremen	STATE KY
Community	Sacramento	KY
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	Inside Connect Cable Ll	LC							2413
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the misseparately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	SERVICE: SU pace E should on of television ay cable) in sp (June 30 or D b blocks in spa y transmission umber of billing ice at the rate harged for eac (Example: "\$2 ounts allowed in space E, th to their subsc e: Where an in	cover al and rad ace F, n ecembei ce E call service. gs in that indicated h catego 20/mth"). for adva e form lis ribers. G dividual o	I categories of to broadcasts I ot here. All the 31, as the cas for the numbe In general, you category (the I—not the num ry of service. I Summarize an nce payment. sts the categor vive the numbe or organization	secondary by your sy facts you se may be r of subsc u can com number of ber of set nclude bo ny standar ies of seco r of subsc is receivi	stem to subscril state must be t). ribers to the cal pute the number f persons or org s receiving serv th the amount or d rate variation ondary transmis ribers and rate ng service that the service the service that the service that the service that the service that the service that the service th	bers. Give hose existi ole system, er of subscr anizations ice). If the charg s within a p sion servic for each lis falls under	information ng on the broken ibers in charged e and the particular rate e that cable ted category different	
	subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	nce again und has rate catego iers of services	er "Servi ories for s that inc	ce to additiona secondary trar lude one or mo	al set(s)." Ismission pre second	service that are lary transmissic	different fr ons), list the	om those em, together	
	BLO	DCK 1	-				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	Service to first set		172	29.90					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential Non-residential								
	• Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services a amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrit hose services e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	ber) infor that are in ns: you on hished to usually in he cable stem furr ge was m	mation with res not offered in c do not need to nonsubscribe billed. If any ra system for ea hished or offere ade or establis	spect to al combinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any secc nformation con- formation shoul arged on a vari- applicable servio he accounting p	ondary trans cerning (1) Id include b able per-pr ces listed. period that	smission services ooth the ogram basis, were not	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-resi	idential		Convo	tor	2
	Pay cable Pay cable add'l channel			el, hotel nmercial			Conver	ter m Channel	2.9 16.9
	Pay cable—add'l channel Fire protection			cable			i iennu		10.3
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection					
	First set	49.95		glar protection					
	 Additional set(s) 		Other s	ervices:					
	Additional set(s)FM radio (if separate rate)			ervices: onnect					
	.,		• Rec						

me	LEGAL NAME OF OWNER OF			SYSTEM ID# 24135
	Inside Connect Cable	-		24133
C nary nitters: <i>v</i> ision	carried by your cable syster 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 informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	Ilso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d 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 (for network multicast), "I" (for indepe 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 he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WFIE	14	N	
				EVANSVILLE, IN
	WEHT	25	N	EVANSVILLE, IN
Vecessary	WEHT WKMA	25 35		
Necessary			N	EVANSVILLE, IN
Necessary	WKMA	35	N E	EVANSVILLE, IN MADISONVILLE, KY
lecessary	WKMA WNIN	35 9	N E E	EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN
ecessary	WKMA WNIN WEVV	35 9 44	N E E N	EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN
: Necessary	WKMA WNIN WEVV WEVV-DT2	35 9 44 44.2	N E E N N-M	EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN
Necessary	WKMA WNIN WEVV WEVV-DT2 WBKO	35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY
Necessary	WKMA WNIN WEVV WEVV-DT2 WBKO	35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY
: Necessary	WKMA WNIN WEVV WEVV-DT2 WBKO	35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY
Necessary	WKMA WNIN WEVV WEVV-DT2 WBKO	35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY
Necessary	WKMA WNIN WEVV WEVV-DT2 WBKO	35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY
ıs Necessary	WKMA WNIN WEVV WEVV-DT2 WBKO	35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY
ıs Necessary	WKMA WNIN WEVV WEVV-DT2 WBKO	35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY
ıs Necessary	WKMA WNIN WEVV WEVV-DT2 WBKO	35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY
ıs Necessary	WKMA WNIN WEVV WEVV-DT2 WBKO	35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY
ıs Necessary	WKMA WNIN WEVV WEVV-DT2 WBKO	35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY
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IS Necessary	WKMA WNIN WEVV WEVV-DT2 WBKO	35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY
ıs Necessary	WKMA WNIN WEVV WEVV-DT2 WBKO	35 9 44 44.2 13	N E E N N-M N	EVANSVILLE, IN MADISONVILLE, KY EVANSVILLE, IN EVANSVILLE, IN EVANSVILLE, IN BOWLING GREEN, KY

LEGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM II
Inside Conne								241
								241
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
ecceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein t the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t 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	t the system's he system's FM anten his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral in 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	

Accounting Perio	d: 2018/2						FORM	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Inside Connect Cable	LLC						24135
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	3			
	In General: In space I, identi	ify every nor	nnetwork televis	sion program, broadcast by	a distant stati	on, that your ca	ble syster	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or author	izations.	For a further
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instru	uctions in the pa	per SA1-	2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work television	program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	st complete the	e progran	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their me	eaning is	
	clear. If you need more spa			rows to the tables. ision program ("substitute p	program") tha	t during the ac	counting	
	period, was broadcast by a							ion
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further inf	ormation	
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Love L	ucy" or	
			dcast live, enter	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.		<u> </u>	
	Column 4: Give the broat the case of Mexican or Can			e community to which the			C or, in	
				tem carried the substitute			the mon	th
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				У
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	a program carne	ed by a system from 6.01.	15 p.m. to 6.2	5.50 p.m. shoui	u be	
	Column 7: Enter the letter			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	FCC rules a	nu regulations i	n	
				1				7 REASON FOR
	s		E PROGRAM	1		N SUBSTITUT AGE OCCURI 6. TIME	RED	7. REASON FOR DELETION
		UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCCUR	RED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	
	s	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCURI 6. TIME	RED S	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Inside Connect Cable LLC		24135
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	e 9,858.60
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • 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.	\$263,800	
	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 accounting period is \$52.00	this six-month	
	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		
	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)	52.00	
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	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Inside Connect Cable LLC	SYSTEM ID# 24135
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	9 150+
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 Bruce Beard, Cinnamon Mueller Telephone	314-462-9000
	Address 1714 Deer Track Trail, Suite 230 (Number, street, rural route, apartment, or suite number) St. Louis, MO 63131 (City, town, state, zip)	
	Email Bbeard@CinnamonMueller.com 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)]	istem as identified
	Date: February 27, 2019	

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

unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
de Connect Cable LLC	241
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	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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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.