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 COPYRIGE	HT 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	02/22/2019	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	AN THIS STATEMENT (V)	(VV/(Period))	

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.	61149
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Antilles Wireless, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		920 E 56th St Suite B (Number, street, rural route, apartment, or suite number)	
		Kearney NE, 68847 (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 u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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)	
ł			

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	Antilles Wireless, LLC	61149
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future fil	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	nobile home parks should be reported in parentheses below the
First	CITY OR TOWN Calipatira	CA
Community	Canpatria	
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	
Name	Antilles Wireless, LLC								6114
Е	SECONDARY TRANSMISSION			-	-			ha aabla	
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							hasless	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•					•		
Rates	each category by counting the n	umber of billing	gs in that	category (the r	number o	f persons or org	anizations		
	separately for the particular serv							in and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	nce payment.	-				
	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					in the count un	der "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	ind rates, in the	e right-ha	and block. A two	o- or three	e-word descript	ion of the s	ervice is	
	sufficient.	DCK 1					BLOC	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Service to first set		70	29.75					
	Service to additional set(s)			29.75					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NEMIES						
-	In General: Space F calls for rat	-				l your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services				0		• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Nates	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and includ	le the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-resid	dential	_			
	• Pay cable	37.20		el, hotel		49.95			
	Pay cable—add'l channel Fire protection			nmercial					
	Fire protection Burglar protection		-	cable cable-add'l cha	annel				
	Installation: Residential		-	protection					
	• First set	49.95		glar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)		• Rec	connect		49.95			
	Converter		• Disc	connect					
	• Converter			connect let relocation					

	LEGAL NAME OF OWNER OF			SYSTEM ID
me	Antilles Wireless, LLC			6114
	PRIMARY TRANSMITTERS:			
C nary nitters: vision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the 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, i n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sume special Statement and Program d both on a substitute basis and als see page (v) of the general instruct program services such as HBO, ESI i-air designation. For example, report vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KESQ	3	N	Palm Springs, CA
	KVYE	7	Ν	El Centro, CA
cessary	KECY	9.1	N	El Centro, CA
	хнвм	14	N	Baja, CA
		1		
	КҮМА	11	N	Yuma, AZ
	KYMA	11	N	Yuma, AZ
	KSWT	13	N	Yuma, AZ
	KSWT	13	N	Yuma, AZ
	KSWT	13	N	Yuma, AZ
	XHMEX	32	N	Baja, CA
	KSWT	13	N	Yuma, AZ
	XHMEX	32	N	Baja, CA
	XHMEE	38	N	Baja, CA
	KSWT	13	N	Yuma, AZ
	XHMEX	32	N	Baja, CA
	XHMEE	38	N	Baja, CA
	KPBS	15.1	E	San Deigo, CA
	KSWT	13	N	Yuma, AZ
	XHMEX	32	N	Baja, CA
	XHMEE	38	N	Baja, CA
	KPBS	15.1	E	San Deigo, CA
	KAJB	54.1	N	El Centro, CA
	KSWT	13	N	Yuma, AZ
	XHMEX	32	N	Baja, CA
	XHMEE	38	N	Baja, CA
	KPBS	15.1	E	San Deigo, CA
	KAJB	54.1	N	El Centro, CA
	KECY	9.3	N	El Centro, CA
	KSWT	13	N	Yuma, AZ
	XHMEX	32	N	Baja, CA
	XHMEE	38	N	Baja, CA
	KPBS	15.1	E	San Deigo, CA
	KAJB	54.1	N	El Centro, CA
	KECY	9.3	N	El Centro, CA
	KSWT	13	N	Yuma, AZ
	XHMEX	32	N	Baja, CA
	XHMEE	38	N	Baja, CA
	KPBS	15.1	E	San Deigo, CA
	KAJB	54.1	N	El Centro, CA
	KECY	9.3	N	El Centro, CA
	KSWT	13	N	Yuma, AZ
	XHMEX	32	N	Baja, CA
	XHMEE	38	N	Baja, CA
	KPBS	15.1	E	San Deigo, CA
	KAJB	54.1	N	El Centro, CA
	KECY	9.3	N	El Centro, CA
	KSWT	13	N	Yuma, AZ
	XHMEX	32	N	Baja, CA
	XHMEE	38	N	Baja, CA
	KPBS	15.1	E	San Deigo, CA
	KAJB	54.1	N	El Centro, CA
	KECY	9.3	N	El Centro, CA
	KSWT	13	N	Yuma, AZ
	XHMEX	32	N	Baja, CA
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	KAJB	54.1	N	El Centro, CA
	KECY	9.3	N	El Centro, CA
	KSWT	13	N	Yuma, AZ
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	KECY	9.3	N	El Centro, CA
	KSWT	13	N	Yuma, AZ
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	XHMEE	38	N	Baja, CA
	KPBS	15.1	E	San Deigo, CA
	KAJB	54.1	N	El Centro, CA
	KECY	9.3	N	El Centro, CA
	KSWT	13	N	Yuma, AZ
	XHMEX	32	N	Baja, CA
	XHMEE	38	N	Baja, CA
	KPBS	15.1	E	San Deigo, CA
	KAJB	54.1	N	El Centro, CA
	KECY	9.3	N	El Centro, CA

Accounting P							FORM	I SA1-2E. PAGE 4
Antilles Wire		ABLE SI	5 I EIVI.					SYSTEM ID 6114
	-							0.14
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation abourm. Mentify the call tate whether to the radio stat this by placing sive the station	y the sys be recein the Co sign of e the static ion's sign g a chech 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 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 he 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 sertain si general i eparate	be expected, rated 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					F	ORM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Antilles Wireless, LLC						61149
					•		
	SUBSTITUTE CARRIAGE		-		-		
	In General: In space I, identi substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMEN				general meas		
Special	During the accounting period				s any nonnet	work television progr	am
Statement and	broadcast by a distant stat	-	r cable system	carry, on a substitute basi	o, any nonner		X
Program Log	-					YES	
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	st complete the prog	ram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever pos	sible, if their meaning) is
	clear. If you need more space Column 1: Give the title			ision program ("substitute	program") tha	t during the accounti	ina
	period, was broadcast by a						
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further informat	tion.
	Do not use general categori		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love Lucy"	or
	"NBA Basketball: 76ers vs.		lagat live anto	r "Vaa " Othanuiaa antar "N	le "		
	Column 2: If the program	i was broad	station broadca	r "Yes." Otherwise enter "N sting the substitute progra	10. m		
				ie community to which the		nsed by the FCC or.	in
	the case of Mexican or Can						
			when your sys	tem carried the substitute	program. Use	numerals, with the m	nonth
	first. Example: for May 7 giv						
				gram was carried by your			ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example. a	program carne	ed by a system nom 6.01.	15 p.m. to 6.2	5.50 p.m. should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system was requ	ired
	to delete under FCC rules a						
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						·	
						·	
						_	
						—	
						_	
						_	
						_	
1							

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Antilles Wireless, LLC		61149
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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 6,872.79
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 \$ 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)	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: Antilles Wireless, LLC	SYSTEM ID# 61149
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 broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	12 48
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 Amber Reineke Telephone	308-698-1442
	Address 920 E 56th St Suite B (Number, street, rural route, apartment, or suite number) Kearney, NE 68847 (City, town, state, zip)	
	Email amber.reineke@usacommunications.tv 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 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 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)] (Is U.S.C., Section 1001(1986)] 	stem as identified
	Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Amber Reineke Title: CFO (Title of official position held in corporation or partnership) Date: 2.22.19	

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Inting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
lles Wireless, LLC	611
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?	P Special Statemen Concerning Gros Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENT	
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x x	
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