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

STATEME	NT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:
	y Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Syster	ns (Short Form)			
			\$	For additional information, contact the U.S. Copyright
	tions are located			Office Licensing Division at: Tel: (202) 707-8150
in the first tab o	f this workbook	02/28/2019	ALLOCATION NUMBER	
Α				
A	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
	2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20182	Barcode Data Filing Period (optional -	see instructions)	
	20182	J		
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of th of the subsidiary, not that of the parent co		iary of another corporation, give the full corpo	rate title
Owner	List any other name or names under which	the owner conducts the business of th	e cable system.	
	-	2	e last day of the accounting period should sub	mit a
	single statement of account and royalty fe	e payment covering the entire accounting	ng period.	61739
	Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	01/39
	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
	TELECOMMUNICATIONS MANAGEN	IENT, LLC		

		TELECOMMUNICATIONS MANAGEMENT, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)
		PHOENIX, AZ 85012 (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 s 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS
		MAILING ADDRESS OF CABLE SYSTEM:
	2	3000 N WESTWOOD BLVD. (Number, street, rural route, apartment, or suite number)
		POPLAR BLUFF, MO 63901 (City, town, state, zip code)
Privacy Act Notic	ce: Section	n 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

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 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 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.

Name TELECOMMUNICATIONS MANAGEMENT, LLC D The separate community served by the cable system. A community is the same as a "community and" as defined on the same as a "community and" as defined on the same as a community and as defined on the same as a community and as defined on the same as a community and as a former of system demonstrate areas. A community on all future filings. Area Served Citry OR TOWN STATE First POLAR BLUFF MO Community But and the same as a form of system demonstrate areas form of system demonstrate areas	News	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in Fill "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereaft as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city. First CITY OR TOWN STATE POLAR BLUFF MO BUTLER CO MO	Name	TELECOMMUNICATIONS MANAGEMENT, LLC	6173
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city. First Community CITY OR TOWN STATE BUTLER CO MO MO MO	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 that	ommunity" is the same as a "community unit" as defined in FCC rules: ated communities within unincorporated areas and including single, it you list will serve as a form of system identification hereafter know
Served identified city. First CITY OR TOWN STATE POLAR BLUFF MO BUTLER CO MO	Area	Note: Entities and properties such as hotels, apartments, condominiums, or n	
First POLAR BLUFF MO Community BUTLER CO MO		identified city.	
Community BUTLER CO MO			STATE
		POLAR BLUFF	МО
Abasa hara a a a a a a a a a a a a a a a a a	Community	BUTLER CO	MO
Network strends			
	dd Rows as Necessary		
Index <tr< td=""><td></td><td></td><td></td></tr<>			
Image: Section of the			
Index stateIndex stateI			
Index <tr< td=""><td></td><td></td><td></td></tr<>			

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				FORM SA1	
Name	TELECOMMUNICATION			;			010	6173
E	SECONDARY TRANSMISSION In General: The information in s				arv transmission	service of t	he cable	
	system, that is, the retransmission	•	-		•			
Secondary	about other services (including p	, , ,	,	,		those exist	ing on the	
Transmission	last day of the accounting period					h.l	h u - l	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•				,	,	
Rates	each category by counting the n	•	-	-				
	separately for the particular serv	rice at the rate	indicated—not	the number of se	ets receiving serving	vice).	Ū	
	Rate: Give the standard rate of	-					•	
	unit in which it is generally billed category, but do not include disc	· ·	,		ard rate variation	is within a p	particular rate	
	Block 1: In the left-hand block				condary transmi	ssion servio	ce that cable	
	systems most commonly provide	• •		0	,			
	that applies to your system. Not		-		-			
	categories, that person or entity					•		
	subscriber who pays extra for ca first set" and would be counted of					nder "Servi	ce to the	
	Block 2: If your cable system					e different f	rom those	
	printed in block 1 (for example, t	iers of services	s that include o	ne or more seco	ndary transmissi	ons), list th	em, together	
	with the number of subscribers a sufficient.	and rates, in the	e right-hand blo	ock. A two- or thr	ee-word descript	tion of the s	service is	
		DCK 1				BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB			EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCINID				WICE	COBCONDENCO	
	Service to first set		3,031 \$	36.00				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial		708 \$	40.50				
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC		NSMISSIONS	: RATES				1
F	In General: Space F calls for ra							
Г	not covered in space E, that is, t				,	,		
Services	service for a single fee. There as furnished at cost or (2) services		,	0				
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the							
Fransmissions: 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 inclue	de the rate for e	each.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY (DF SERVICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			Ion-residential				^ -
	• Pay cable	\$9-\$18.00	Motel, hote				DED BASIC	\$5
	• Pay cable—add'l channel		Commerci	al		FAMIL		\$1:
	Fire protection		Pay cable			SPORT		\$
	•Burglar protection		•	add'l channel				\$18 ¢4
	Installation: Residential	¢ 40.00	Fire protect					\$13 \$2
	• First set	\$40.00	Burglar pro Other corrigo			HBO W HBO	URNO	\$2 \$1
	Additional set(s)		Other service		¢00.00	CINEM		\$18 \$1
	 FM radio (if separate rate) 		 Reconnect 	L	\$90.00			\$1
	Converter		Disseminist	+				[
	• Converter		Disconnec		* 4 -		S, MUSIC &	¢E O
	• Converter		Disconnec Outlet relo Move to ne	cation	\$45 \$30.00	MOVIE	S, MUSIC &	\$5.9

		· · · = -· · · • •		
lame				SYSTEM IE 6173
		DNS MANAGEMENT, LLC		
G smitters: evision	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 informatic Column 1 : List each station multicast stream associated "WETA-2" as the same on t 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	entify every television station (including m during the accounting period, <i>excep</i> , in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. : With respect to any distant stations ca- illes, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrie 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 ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su he Special Statement and Program d both on a substitute basis and al- see page (v) of the general instruc- orogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M" ttional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	КРОВ	15	N	
				IPOPLAR BLUFF. MO
				POPLAR BLUFF, MO
N	WPSD	6	N	PADUCAH, KY
as Necessary				
s Necessary	WPSD KSDK	6 35	N	PADUCAH, KY ST LOUIS, MO
as Necessary	WPSD KSDK KBSI	6 35 22	N N I	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO
s Necessary	WPSD KSDK KBSI KTEJ	6 35 22 20	N	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR
s Necessary	WPSD KSDK KBSI KTEJ WDKA	6 35 22 20 22	N N I E I	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY
as Necessary	WPSD KSDK KBSI KTEJ WDKA KFVS	6 35 22 20 22 12	N N I E I I N	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY CAPE GIRARDEAU, MO
is Necessary	WPSD KSDK KBSI KTEJ WDKA KFVS KFVS-2	6 35 22 20 22 12 12	N N I E I N I-M	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO
as Necessary	WPSD KSDK KBSI KTEJ WDKA KFVS KFVS-2 KFVS-3	6 35 22 20 22 12	N N I E I I N	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO
as Necessary	WPSD KSDK KBSI KTEJ WDKA KFVS KFVS-2	6 35 22 20 22 12 12	N N I E I N I-M	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO
as Necessary	WPSD KSDK KBSI KTEJ WDKA KFVS KFVS-2 KFVS-3	6 35 22 20 22 12 12 12 12 12	N N I E I I N I-M I-M	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO
as Necessary	WPSD KSDK KBSI KTEJ WDKA KFVS KFVS-2 KFVS-3 WQWQ	6 35 22 20 22 12 12 12 12 12 12 12	N N I E I I N I-M I-M I-M	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO
s as Necessary	WPSD KSDK KBSI KTEJ WDKA KFVS KFVS-2 KFVS-3 WQWQ	6 35 22 20 22 12 12 12 12 12 12 12	N N I E I I N I-M I-M I-M	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO
s as Necessary	WPSD KSDK KBSI KTEJ WDKA KFVS KFVS-2 KFVS-3 WQWQ WPSD-3	6 35 22 20 22 12 12 12 12 12 6	N N I E I I N I-M I-M I-M I-M	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY
s as Necessary	WPSD KSDK KBSI KTEJ WDKA KFVS KFVS-2 KFVS-3 WQWQ WPSD-3	6 35 22 20 22 12 12 12 12 12 6	N N I E I I N I-M I-M I-M I-M	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY
s as Necessary	WPSD KSDK KBSI KTEJ WDKA KFVS KFVS-2 KFVS-3 WQWQ WPSD-3	6 35 22 20 22 12 12 12 12 12 6	N N I E I I N I-M I-M I-M I-M	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY
s as Necessary	WPSD KSDK KBSI KTEJ WDKA KFVS KFVS-2 KFVS-3 WQWQ WPSD-3	6 35 22 20 22 12 12 12 12 12 6	N N I E I I N I-M I-M I-M I-M	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY
s as Necessary	WPSD KSDK KBSI KTEJ WDKA KFVS KFVS-2 KFVS-3 WQWQ WPSD-3	6 35 22 20 22 12 12 12 12 12 6	N N I E I I N I-M I-M I-M I-M	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY
s as Necessary	WPSD KSDK KBSI KTEJ WDKA KFVS KFVS-2 KFVS-3 WQWQ WPSD-3	6 35 22 20 22 12 12 12 12 12 6	N N I E I I N I-M I-M I-M I-M	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY
s as Necessary	WPSD KSDK KBSI KTEJ WDKA KFVS KFVS-2 KFVS-3 WQWQ WPSD-3	6 35 22 20 22 12 12 12 12 12 6	N N I E I I N I-M I-M I-M I-M	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY
s as Necessary	WPSD KSDK KBSI KTEJ WDKA KFVS KFVS-2 KFVS-3 WQWQ WPSD-3	6 35 22 20 22 12 12 12 12 12 6	N N I E I I N I-M I-M I-M I-M	PADUCAH, KY ST LOUIS, MO CAPE GIRARDEAU, MO JONESBORO, AR PADUCAH, KY CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO CAPE GIRARDEAU, MO PADUCAH, KY

TELECOMM	OWNER OF C		YSTEM: NAGEMENT, LLC					SYSTEM 617
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be recei t the Cc sign of e he static ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes (mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	?) it can ertain st eneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
Nexican or Can	adian stations AM or FM	s, if any, S/D	the community with which the	station is identifi	ed). AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
						·		
						·		

	od: 2018/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	TELECOMMUNICATIO	NS MAN	AGEMENT, I	LLC				61739
	SUBSTITUTE CARRIAG				6			
		-	-					
	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					no gonorar m			
Special	1. SPECIAL STATEMEN	-				a a truce de la la	vision nrog	
Statement and	During the accounting per		ur cable syster	n carry, on a substitute ba	sis, any noni		evision prog	
Program Log	broadcast by a distant sta	ition?					YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	nust compl	ete the proc	gram
	log in block 2.							-
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible, if th	eir meaning	g is
	clear. If you need more spa				·			-
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			ciball. List specific progre		szampic, i	LOVE LUCY	01
			dcast live, ent	er "Yes." Otherwise enter '	"No."			
				asting the substitute progr				
				the community to which the			he FCC or,	in
	the case of Mexican or Car			stem carried the substitute			s with the n	nonth
	first. Example: for May 7 gi		when your sy		program. O		s, what are n	nontin
			e substitute pr	ogram was carried by you	r cable syste	m. List the t	imes accura	ately
	to the nearest five minutes.							-
	stated as "6:00–6:30 p.m."							tine of
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		,			, and regule		
						N SUBSTI		
	s	1	E PROGRAM	1	CARRI	AGE OCC	JRRED	7. REASON FOR DELETION
	S 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	7. REASON FOR DELETION
		1		4. STATION'S LOCATION	CARRI	AGE OCC	JRRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
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		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
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		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T	JRRED IMES	

Accounting Period:	2018/2		FORM S	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC		Ş	61739
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amo all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how t 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.	condary transm o compute this a	ission service amount, see \$ 42	
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 tha • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less tha See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	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 y accounting period is \$52.00			
	Line 1. Royalty fee for accounting period			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo			
	· · · · · · · · · · · · · · · · · · ·		00)	
	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	420,170.50		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	156,370.50		
	4. Multiply line 3 by .01	\$	1,563.71	
	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.		\$	2,882.71
	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)	\$	2,882.71	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,902.71
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC	SYSTEM ID# 61739
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 and nonbroadcast services .	17 236
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 EMERSON YEARWOOD Telephone	602-364-6195
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012 (City, town, state, zip) Email EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-601	3
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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership) or a partnership) of the legal entity identified as ow in line 1 of space B. (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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 hereir 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 was a correct of the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] I was a correct of the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] I was a correct of the best of my knowledge, information or the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) 	system as identified mer of the cable system
	Title: VICE PRESIDENT (Title of official position held in corporation or partnership) Date: 2/28/2019	

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 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 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.

unting Period: 2018/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ECOMMUNICATIONS MANAGEMENT, LLC	617
 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? YES. Enter the total here and list the satellite carrier(s) below	P Special Statemen Concerning Gross Receipts Exclusio
Name 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 x 0.00274 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 \$. (interest charge) * 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.	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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