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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 20192 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
	ULTRA COMMUNICATIONS GROUP, 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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:
	ULTRA COMMUNICATIONS GROUP, LLC D/B/A NEWWAVE COMMUNICATIONS MAILING ADDRESS OF CABLE SYSTEM:
	3759 OLD STERLINGTON RD
	2 (Number, street, rural route, apartment, or suite number) MONROE, LA 71203
	(City, town, state, zip code)
Brivacy Act Notice	e: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2-27-20

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.

Ne	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	ULTRA COMMUNICATIONS GROUP, LLC	2102
D Area Served	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	nity" is the same as a "community unit" as defined in FCC rules ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter know
	CITY OR TOWN	STATE
First	CALHOUN	LA
Community		
Add Rows as Necessary		

								FORM SA1		
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 2102	
		ONS GROUI	P, LLC						2102	
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND R	ATES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Secondary	system, that is, the retransmissi					•				
Secondary Transmission	about other services (including plast day of the accounting period	• •			•		those exis	sung on the		
Service: Sub-	Number of Subscribers: Bot						able systen	n, broken		
scribers and	down by categories of secondar	•				•				
Rates	each category by counting the n separately for the particular serv		-	•••		•	-	s charged		
	Rate: Give the standard rate of	charged for eac	ch cate	gory of service.	Include b	oth the amount	of the char	-		
	unit in which it is generally billed	· ·		•	•	ard rate variatio	ns within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block					condary transm	ission serv	ice that cable		
	systems most commonly provid	e to their subs	cribers.	Give the numb	per of subs	scribers and rate	e for each l	isted category		
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca					-	• •			
	first set" and would be counted of	once again und	der "Sei	vice to addition	nal set(s)."					
	Block 2: If your cable system	-								
	printed in block 1 (for example, the with the number of subscribers a					•	,	-		
	sufficient.		eg.u							
	BLC	DCK 1	-				BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:		-				-			
	Service to first set		22	\$35.00						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra	,			•					
	not covered in space E, that is, service for a single fee. There a						•			
Services	furnished at cost or (2) services		•		-					
Other Than	amount of the charge and the un		s usually	y billed. If any r	ates are c	harged on a va	riable per-p	orogram basis,		
Secondary Fransmissions:	enter only the letters "PP" in the Block 1 . Give the standard ra		the cab	le system for e	ach of the	applicable serv	rices listed			
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description and include the rate for each.									
		BLO				_		BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:	¢0, ¢40, 00		ation: Non-res	idential				26.0	
	Pay cable Pay cable—add'l channel	\$9-\$18.00		otel, hotel mmercial			EAFAN	DED BASIC	36.0	
	• Fire protection			y cable						
	•Burglar protection			y cable-add'l ch	nannel					
	Installation: Residential			e protection						
	• First set	\$40.00		rglar protection						
	Additional set(s)			services:						
	• FM radio (if separate rate)		۰Re	connect		\$90.00				
	• Converter		• Dis	sconnect						
	Converter			Sconneor						
				tlet relocation						

	LEGAL NAME OF OWNER O)F CABLE SYSTEM:		SYST
Name		ATIONS GROUP, LLC		
	PRIMARY TRANSMITTERS:	•		
G rimary smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast) For the meaning of these the Column 4: Give the location	also in space I, if the station was carried ion concerning substitute basis stations, son's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s arried by your cable system on a s he Special Statement and Program d both on a substitute basis and a see page (v) of the general instru- brogram services such as HBO, ES e-air designation. For example, re- vision station for broadcasting over station, an independent station, on for network multicast), "I" (for indep or "E-M" (for noncommercial educa- actions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections stations carried on a substitute program m Log)—if the also on some other actions. SPN, etc. Identify each eport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARD	19		WEST MONROE, LA
			E	
	KLTM	13	E	MONROE, LA
ws as Necessary		8	<u>N</u>	MONROE, LA
	KTVE	27	Ν	EL DORADO, AR
	КМСТ	22	I	WEST MONROE, LA
	KNOE-2	8	Ν	MONROE, LA
	KNOE-3	8	I	MONROE, LA

EGAL NAME OF			ROUP, LLC					SYSTEM II 210
	every radio s	tation ca	arried on a separate and discronnerally receivable by your cab					н
eceivable if (1) on the basis of r or detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein t the Co sign of e he static ion's sign g a check n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the pyright 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 ante this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can sertain st general i eparate	be expected, tated 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	od: 2019/2						FORM	1 SA1-2E. PAGE 5.
ŭ	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	ULTRA COMMUNICAT	IONS GR	OUP, LLC					21026
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LOO	G			
	In General: In space I, ident	ify every no	nnetwork televi	s <i>ion program,</i> broadcast by	a distant sta	tion, that you	ur cable syste	em carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of th	ne general inst	tructions in t	he paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special Statement and	 During the accounting pe 	riod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	etwork tele	vision progr	am
Program Log	broadcast by a distant sta	ation?					YES	NO
	Note: If your answer is "No	" leave the	rest of this na	ae blank. If your answer is	- "Vee " vou r	nust comple		
	-	, leave the	rest or this pa	ge blank. If your answer is	s res, your	nusi compi	ete the prog	lan
	log in block 2. 2. LOG OF SUBSTITUT							
	In General: List each subs			ate line. Lise abbreviations	s wherever p	ossible if th	oir moaning	Lie
	clear. If you need more spa						ien meaning	15
				vision program ("substitute	e program") tl	hat, during t	the accounti	ng
	period, was broadcast by a		•		•	• •		
	under certain FCC rules, re	•						
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
			dcast live, ente	er "Yes." Otherwise enter '	"No."			
				asting the substitute progr				
			•	he community to which the			he FCC or, i	n
	the case of Mexican or Car					,	a with the m	anth
	first. Example: for May 7 gi		when your sys	stem carried the substitute	e program. Us	se numerais	s, with the m	ionth
			e substitute pro	ogram was carried by your	r cable svster	m. List the t	imes accura	atelv
	to the nearest five minutes							
	stated as "6:00–6:30 p.m."				-			
				n was substituted for prog	-	• •		
	to delete under FCC rules was substituted for program	•		3				gram
	effect on October 19, 1976		your system w			and regula		
						N SUBSTI	_	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCI		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-	_	
							_	
						-	-	
					·	_		
						-		
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					·			

Accounting Period:	2019/2	FC	ORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC		SYSTEM ID# 21026
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 transmediate (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 se	ervice
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 \$137,100 but less than or equal to \$ 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-mc	onth
	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		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		
	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 \$52	7,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00)	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01		

0.00	
	-
\$ 52.00 \$ 15.00	-
\$	67.00
e to the Register of Copyri more information.	ghts!
	\$ 15.00 \$ e to the Register of Copyri

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	ULTRA COMM	UNICATIONS GROUP, LLC	21026
M Channels		ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	
		I number of channels on which the cable television broadcast stations	7
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	40
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	EMERSON YEARWOOD Telephone 602-36	6195
	Address	210 E. EARLL DRIVE	
	Email	(Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012 (City, town, state, zip) EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-6013	
Ο	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification		ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
		t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as line 1 of space B and that the owner is not a corporation or partnership; or	dentified
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the line 1 of space B.	cable system
		d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	

	X /s/ RAYMOND STORCK
	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: RAYMOND STORCK
Title: (Title of of	VICE PRESIDENT ficial position held in corporation or partnership)
Date:	February 27, 2020

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: 2019/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
RA COMMUNICATIONS GROUP, LLC	2102
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.	P Special Statement Concerning Gross Receipts Exclusio
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	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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