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

SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) For additional information, \$ contact the U.S. Copyright General instructions are located Office Licensing Division at: 2-27-20 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCO	DUNTING 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.	23427
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		ULTRA COMMUNICATIONS GROUP, LLC D/B/A NEWWAVE COMMUNICATIONS	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	3759 OLD STERLINGTON RD (Number, street, rural route, apartment, or suite number)	
		(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	

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 suffciency of the fling, a determination that would be made by a court of law.

NI	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	ULTRA COMMUNICATIONS GROUP, LLC	2342
D Area Served	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated or 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, list will serve as a form of system identification hereafter know
	CITY OR TOWN	STATE
First	LELAND	MS
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1- SYS	TEM ID
Name		ONS GROU	P, LLC)					2342
	SECONDARY TRANSMISSION								
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmission about other services (including preservices)					•			
Transmission	last day of the accounting period	• • •			•				
Service: Sub-	Number of Subscribers: Both						•		
scribers and Rates	down by categories of secondary each category by counting the n	•		•		•			
Rates	separately for the particular serv		-	•••		•	-	scharged	
	Rate: Give the standard rate of	harged for eac	ch categ	gory of service.	Include b	oth the amount	of the char	-	
	unit in which it is generally billed	· ·		,	ny standa	rd rate variation	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of se	condarv transm	ission serv	ice 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 o					a in the count u	nder Serv	ice to the	
	Block 2: If your cable system	•			• • •	service that ar	e different	from those	
	printed in block 1 (for example, t					•			
	with the number of subscribers a sufficient.	and rates, in th	e right-	hand block. A tv	vo- or thre	e-word descrip	tion of the	service is	
		DCK 1					BLOCK	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		377	\$35.00					
	 Service to first set Service to additional set(s) 		377	\$35.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		8	\$35.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
F	In General: Space F calls for ra				•	• •			
F	not covered in space E, that is, the					•	•		
Services	service for a single fee. There and furnished at cost or (2) services	•	-		-		. .		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		4h a . a a h				in an linta d		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that								
	Block 2: List any services that your cable system furnished or offered during the accounting period that were r listed in block 1 and for which a separate charge was made or established. List these other services in the form								
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SERV	/ICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Install	ation: Non-resi	dential				
	• Pay cable	\$9-\$18.00	• Mo	tel, hotel				DED BASIC	39.0
	 Pay cable—add'l channel 			mmercial				L FAM PLUS	13.0
	Fire protection		· ·	y cable				SUPER PAK	18.0
	•Burglar protection		· ·	y cable-add'l ch	annel				18.0
	Installation: Residential			e protection					27.0
	• First set	\$40.00		rglar protection			CINEM	AX	13.0
	• Additional set(s)		1	services:		¢00.00	HBO		18.0
	• FM radio (if separate rate)			connect		\$90.00			
	• Converter			connect					
			•Ou	tlet relocation					
			• N 4	ve to new addre		\$45.00			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
ne				23
	PRIMARY TRANSMITTERS:	•		
hary hitters: ision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	of (1) stations carried only on a part- the carriage of certain network progr 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als s, see page (v) of the general instruc- program services such as HBO, ES ne-air designation. For example, rep evision station for broadcasting over a station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educat ructions in the paper SA1-2 form. st the community to which the station	time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. PN, etc. Identify each cort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WNBD	33	N	GRENADA, MS
	WXVT	15	Ν	CLEVELAND, MS
ecessary	WABG	15 32	<u>N</u>	
ecessary				GREENWOOD, MS
ecessary	WABG	32	Ν	GREENWOOD, MS JACKSON, MS
lecessary	WABG WMAO	32 25	N E	GREENWOOD, MS
lecessary	WABG	32	N	GREENWOOD, MS
	WMAO	25	E	JACKSON, MS
ecessary	WABG	32	N	GREENWOOD, MS
	WMAO	25	E	JACKSON, MS
lecessary	WABG	32	N	GREENWOOD, MS
	WMAO	25	E	JACKSON, MS
lecessary	WABG	32	N	GREENWOOD, MS
	WMAO	25	E	JACKSON, MS
Necessary	WABG	32	N	GREENWOOD, MS
	WMAO	25	E	JACKSON, MS
Necessary	WABG	32	N	GREENWOOD, MS
	WMAO	25	E	JACKSON, MS
Necessary	WABG	32	N	GREENWOOD, MS
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	WMAO	25	E	JACKSON, MS
s Necessary	WABG	32	N	GREENWOOD, MS
	WMAO	25	E	JACKSON, MS
s Necessary	WABG	32	N	GREENWOOD, MS
	WMAO	25	E	JACKSON, MS
s Necessary	WABG	32	N	GREENWOOD, MS
	WMAO	25	E	JACKSON, MS

EGAL NAME OF			ROUP, LLC					SYSTEM I 234
	every radio s	tation ca	arried on a separate and discre nerally 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 prmation 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 o he static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived 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 ante his point, see pa ed by the cable s he station is licen	adend, 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, 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	
						·		
						·		
						·		
					·····			

	od: 2019/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	ULTRA COMMUNICAT	IONS GR	OUP, LLC					23427
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident							
	substitute basis during the a							
Substitute	explanation of the programm	-			ne general ins	tructions in 1	ne paper SA	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	F CONCEF	RNING SUBS	TITUTE CARRIAGE				
Statement and	 During the accounting per 	riod, did yo	ur cable syster	n carry, on a substitute ba	sis, any nonr	etwork tele	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	" leave the	a rest of this pa	ae blank. If your answer is	- "Ves " vou r	nust compl	ate the proc	ram
	-	, leave the		ige blank. If your answer is	5 165, your		ete the prog	Jian
	log in block 2. 2. LOG OF SUBSTITUTE		AME					
	In General: List each subs			ate line. Use abbreviations	s wherever n	nssihle if th	eir meaning	n is
	clear. If you need more spa				s wherever p			y 13
				vision program ("substitute	e program") tl	hat, during	the account	ing
	period, was broadcast by a		•			•		
	under certain FCC rules, re	•						
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy	or
			adcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute progr				
			,	the community to which th			he FCC or,	in
	the case of Mexican or Car					,		
	first. Example: for May 7 give		when your sy	stem carried the substitute	e program. Us	se numerals	s, with the n	nonth
			e substitute pr	ogram was carried by you	r cable syster	n 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 a	•		e				ogram
	was substituted for programe fect on October 19, 1976	•	your system w	as permitted to delete und		and regula	mons in	
		•			_			•
						N SUBSTI		
	S		E PROGRAM		CARRI	AGE OCC	JRRED	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S					
			CALL SIGN		5. MONTH		IMES	7. REASON FOR DELETION
		res or no	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM -	IMES — TO	
			CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION				7. REASON FOR DELETION
			CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION				
			CALL SIGN	4. STATION'S LOCATION				
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				4. STATION'S LOCATION				

Accounting Period:	2019/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC	SYSTEM ID# 23427
K Gross Receipts	 GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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. 	nission service
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 t accounting period is \$52.00	nis 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,	
	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 \$ 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#
INAILIE	ULTRA COMM	UNICATIONS GROUP, LLC	23427
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	5
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	105
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	602-364-6195
	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
O Certification	I, the undersigned (Owned) (Agentic in light of the second	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own line 1 of space B. 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)]	system as identified

	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

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Inting Period: 2019/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
RA COMMUNICATIONS GROUP, LLC	2342
 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 	P Special Statemen Concerning Gros Receipts Exclusio
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	
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
x	Interest Assessme
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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