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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
10000110011	OTTIOL OOL ONET				
DATE RECEIVED	AMOUNT				
2-27-20	\$ ALLOCATION NUMBER				

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	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		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
		TELECOMMUNCATIONS 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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		TELECOMMUNCIATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS MAILING ADDRESS OF CABLE SYSTEM:
		604 E. NATIONAL AVENUE
	2	(Number, street, rural route, apartment, or suite number)
		BRAZIL, IN 47834 (City, town, state, zip code)

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

Name I		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM I
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn 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 home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE JASONVILLE IN VIGO IN VIGO IN FARMERSBURG IN FARMERSBURG IN GREEN(N) IN HYMERA IN WORTHINGTON IN ROCKVILLE IN ROCKVILLE IN MARSHALL IN PARKE COUNTY IN GREEN(S) IN SHELBURN IN MONTEZUMA IN BLOOMINGDALE IN BLOOMINGDALE IN BLOOMINGDALE IN IN IN IN IN IN IN IN IN IN	Name I		300s
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future fillings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN		·	
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future fillings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN			
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN CITY OR TOWN STATE IN DUGGER IN VIGO IN VIGO IN FARMERSBURG WILFRED NO GREEN(N) HYMERA IN HYMERA IN WORTHINGTON IN ROCKVILLE IN WORTHINGTON IN ROCKVILLE IN MARSHALL IN PARKE COUNTY IN GREEN(S) GREEN(S) SHELBURN MONTEZUMA IN MONTEZUMA IN MONTEZUMA IN BLOOMINGDALE IN		discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	
Area		as the "first community." Please use it as the first community on all future filings.	
CITY OR TOWN STATE First	Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
CITY OR TOWN STATE		identified city.	
First Community JASONVILLE IN Community DUGGER IN Rows as Necessary VCOALMONT IN Rows as Necessary VCOALMONT IN FARMERSBURG IN WILFRED IN GREEN(N) IN HYMERA IN WORTHINGTON IN ROCKVILLE IN MARSHALL IN PARKE COUNTY IN GREEN(S) IN SHELBURN IN MONTEZUMA IN BLOOMINGDALE IN			
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Community DUGGER IN Rows as Necessary VCOALMONT IN FARMERSBURG IN WILFRED IN GREEN(N) IN HYMERA IN WORTHINGTON IN ROCKVILLE IN MARSHALL IN PARKE COUNTY IN GREEN(S) IN SHELBURN IN MONTEZUMA IN BLOOMINGDALE IN			
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Rows as Necessary VCOALMONT IN FARMERSBURG IN WILFRED IN GREEN(N) IN HYMERA IN WORTHINGTON IN ROCKVILLE IN MARSHALL IN PARKE COUNTY IN GREEN(S) IN SHELBURN IN MONTEZUMA IN BLOOMINGDALE IN	Ommunicy		
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Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELECOMMUNCATIONS MANAGEMENT, LLC

30050

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Secondary Transmission Service: Subscribers and Rates **In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1	BLOCI	₹2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,282	\$35.00			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	22	\$47.00			
Converter					
 Residential 					
 Non-residential 					
					İ

F

Services
Other Than
Secondary
Transmissions:
Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

DI 001/4

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	\$9-\$18.00	Motel, hotel		EXPANDED BASIC	65.0
 Pay cable—add'l channel 		Commercial		DIGITAL FAM PLUS	13.0
 Fire protection 		• Pay cable		STARZ SUPER PAK	18.0
Burglar protection		Pay cable-add'l channel		SHOWTIME UNLTD	18.0
Installation: Residential		 Fire protection 		CINEMAX	13.0
 First set 	40.00	Burglar protection		НВО	18.0
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	\$40.00		
 Converter 		Disconnect			
		Outlet relocation	30.00		
		 Move to new address 	\$30.00		

unting Period:	: 2019/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
Name	TELECOMMUNCATIO	ONS MANAGEMENT, LLC		3005
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: Felevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(a substitute program basis, a Substitute Basis Stations basis under specific FCC re • Do not list the station her station was carried only on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associate	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 progential (2) and (4))]; and (2) certain starried by your cable system on a state of the Special Statement and Programed both on a substitute basis and a state of the general instruprogram services such as HBO, Estate of the general instructions.	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
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these to Column 4: Give the location	el number the FCC assigned to the tel /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M", "E" (for noncommercial educational), erms, see page (iv) of the general instr	station, an independent station, o (for network multicast), "I" (for inde or "E-M" (for noncommercial educa	r a noncommercial ependent), "I-M" ational multicast).
		dian stations, if any, give the name of	_	on is identified.
	1. CALL SIGN		_	4. LOCATION OF STATION
	1. CALL SIGN WAWV	dian stations, if any, give the name of	the community with which the stati	
		dian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER	the community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
lows as Necessary	WAWV	2. B'CAST CHANNEL NUMBER 39	the community with which the station 3. TYPE OF STATION N	4. LOCATION OF STATION TERRA HAUTE, IN
ıws as Necessary	WAWV	2. B'CAST CHANNEL NUMBER 39 10	3. TYPE OF STATION N N	4. LOCATION OF STATION TERRA HAUTE, IN TERRA HAUTE, IN
ows as Necessary	WAWV WTHI WTIU	2. B'CAST CHANNEL NUMBER 39 10 14	3. TYPE OF STATION N N E	4. LOCATION OF STATION TERRA HAUTE, IN TERRA HAUTE, IN BLOOMINGTON, IN

	WAWV	39	N	TERRA HAUTE, IN
	WTHI	10	N	TERRA HAUTE, IN
γ	WTIU	14	E	BLOOMINGTON, IN
	WTWO	36	N	TERRA HAUTE, IN
	WTHI-2	10	I-M	TERRA HAUTE, IN
	WTHI-3	10	I-M	TERRA HAUTE, IN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TELECOMMUNCATIONS MANAGEMENT, LLC

30050

PRIMARY TRANSMITTERS: RADIO

paper SA1-2 form.

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Primary Transmitters: Radio

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the.

- **Column 1:** Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 -					
		 -					
		 -					
		1					

Accounting Perio							FORI	M SA1-2E. PAGE 5.
N I	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	TELECOMMUNCATIO	NS MANA	GEMENT, L	LC				30050
•	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LOC	3			
	In General: In space I, ident	-				-	-	
	substitute basis during the a	• .		•				
Substitute	explanation of the programm			• • • • • • • • • • • • • • • • • • • •	ie generai ins	tructions in	tne paper SA	A1-2 form.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	etwork tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," vou r	nust comp	olete the prod	ıram
	log in block 2.	,	,	J =	, , , , , , , , , , , , , , , , , , ,			,
	2. LOG OF SUBSTITUTE	E PROGR <i>A</i>	MS					
	In General: List each subs			ate line. Use abbreviations	s wherever po	ossible, if	their 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. Column 2: If the program	Bulls." n was broa	dcast live, ent	er "Yes." Otherwise enter '	'No."	·	·	
		•		asting the substitute progr		opposite:	the FOO ==	in
	the case of Mexican or Car		,	the community to which the community with which the		•	the FCC or,	ın
				stem carried the substitute		,	als, with the n	nonth
	first. Example: for May 7 given	ve "5/7."						
				ogram was carried by your				ately
	to the nearest five minutes. stated as "6:00-6:30 p.m."	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.n	n. snould be	
		er "R" if the	listed progran	n was substituted for progr	ramming that	your syst	em was <i>requ</i>	iired
	to delete under FCC rules a	and regulati	ions in effect d	uring the accounting perio	d; enter the l	etter "P" if	the listed pro	
	was substituted for program		your system w	as permitted to delete und	er FCC rules	and regu	lations in	
	effect on October 19, 1976	•						
	S	UBSTITUT	E PROGRAM	1		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
							_	
							_	
			L					

Accounting Period:	2019/2			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNCATIONS MANAGEMENT, LLC			S	YSTEM ID# 30050
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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	ystem's sen of how to	condary transmi compute this a	ission service mount, see	0,859.61 pss receipts)
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 because block 3 if the amount of gross receipts in space K is more than \$263,800 because page (vi) of the general instructions located in the paper SA1-2 form for more in	out less than formation.	n \$527,600	263,800	
				!a a!	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	ree that you	u must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
	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 lin	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	_
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	160,859.61		
	3. Subtract line 2 from line 1	\$	102,940.39		
	4. Enter the amount of gross receipts from space K		\$ 1	60,859.61	
	5. Enter the amount from line 3		\$ 1	02,940.39	
	6. Subtract line 5 from line 4		\$	57,919.22	
	7. Multiply line 6 by .005 (enter figure here)			\$	289.60
	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		\$	289.60
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but I	ess than \$527,	,600)	
	Enter the amount of gross receipts from space K				
	Enter the amount of gross receipts from space K		263,800.00		
	3. Subtract line 2 from line 1	Ψ	203,800.00		
	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 DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	289.60	
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			\$	309.60
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		_		nts!

Accounting Period:	2019/2	FORM SA1-2E.	PAGE 7
Name			EM ID#
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carried	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period. all number of channels on which the cable delevision broadcast stations 6 all number of activated channels cable system carried television broadcast stations 279	
N Individual to	INDIVIDUAL TO	D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	=
Be Contacted 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) EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-6013	
	Email	EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-6013	
O Certification	• I, the undersigned (Owner in X (Official in I have examined	In (This statement of account must be certified and signed in accordance with Copyright Office regulations) The detail of space B; or a composition or partnership) I am the owner of the cable system as identified in line 1 of space B; or a line 1 of space B and that the owner is not a corporation or partnership; or a partnership I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system as identified as the statement of account and hereby declare under penalty of law that all statements of fact contained herein the legal entity identified as owner of the cable system as identified as owner of t	
		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: VICE PRESIDENT (Title of official 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.

Accounting Period: 2019/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 30050 TELECOMMUNCATIONS MANAGEMENT, LLC 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 fol-P lowing 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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross Receipts Exclusion** 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? X NO 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. **Interest Assessment** days Line 3 Multiply line 2 by the number of days late and enter the sum here _ 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 * 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. Owner Address

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ID number

First community served Accounting period