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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	uctions are located of this workbook	03/02/20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (YY Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional	I - see instructions)	
В	Instructions: Give the full legal name of the owner o of the subsidiary, not that of the parent		diary of another corporation, give the full cor	porate title
Owner	If there were different owners during the single statement of account and royalty	hich the owner conducts the business of the accounting period, only the owner on the accounting period, only the entire account fee payment covering the entire account ling. If not, enter the system's ID number a	he last day of the accounting period should sing period.	ubmit a 3719
		NG ADDRESS OF CABLE SYSTEM		
	CableSouth Media III, LLC BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERENT))	
	MAILING ADDRESS OF OWNER O 1056 Jones Blvd (Number, street, rural route, apartment, or sui Milan, TN 38358 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bunch names already appear in space B. In lin			
System	IDENTIFICATION OF CABLE SYSTEM	:		

1

2

MAILING ADDRESS OF CABLE SYSTEM:

(Number, street, rural route, apartment, or suite number)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CableSouth Media III, LLC	371
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film	mmunity" is the same as a "community unit" as defined in FCC rules ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter know ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Ferriday	LA
Community	Concordia Parrish	LA
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM IC 371
	CableSouth Media III, LI	LC							37
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissing about other services (including pathates)								
Transmission	last day of the accounting period				-		THOSE EXIS		
Service: Sub-	Number of Subscribers: Both	•					•		
scribers and Rates	down by categories of secondar each category by counting the n	•		•		•			
Rates	separately for the particular serv		-	•••		•	-	scharged	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc	· ·		,	•	ard rate variatior	ns within a	particular rate	
	Block 1: In the left-hand block					condary transmi	ssion serv	ice that cable	
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			•		•			
	subscriber who pays extra for ca					• •	•		
	first set" and would be counted o	once again und	der "Ser	vice to additior	al set(s)."				
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•			
	sufficient.				-				
	BLC	DCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		221	31.35					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra not covered in space E, that is, t	•			•	• •			
-	service for a single fee. There a					•	•		
Services	furnished at cost or (2) services	or facilities fur	nished t	to nonsubscrib	ers. Rate i	nformation shou	uld include	both the	
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		s usually	/ billed. If any r	ates are c	harged on a var	iable per-p	program basis,	
Transmissions:	Block 1: Give the standard rat		the cabl	le system for e	ach of the	applicable serv	ices listed.		
Rates	Block 2: List any services that				-	-			
	listed in block 1 and for which a brief (two- or three-word) descrip	•	-		ISNEC. LIST	these other sel	rvices in th	ie form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:	TOTE		ation: Non-res		IUTE	ONTEO		
	• Pay cable		• Mo	tel, hotel					
	• Pay cable—add'l channel		• Cor	mmercial					
	 Fire protection 		• Pay	y cable					
	•Burglar protection		-	y cable-add'l cł	nannel				
	Installation: Residential			e protection					
	• First set	39.99		glar protection					
	 Additional set(s) FM radio (if separate rate) 			services: connect		49.99			
	• Converter	5.00	1	connect		49.99			
		0.00	•	tlet relocation					
				ve to new addr	ess	39.99			
			1						

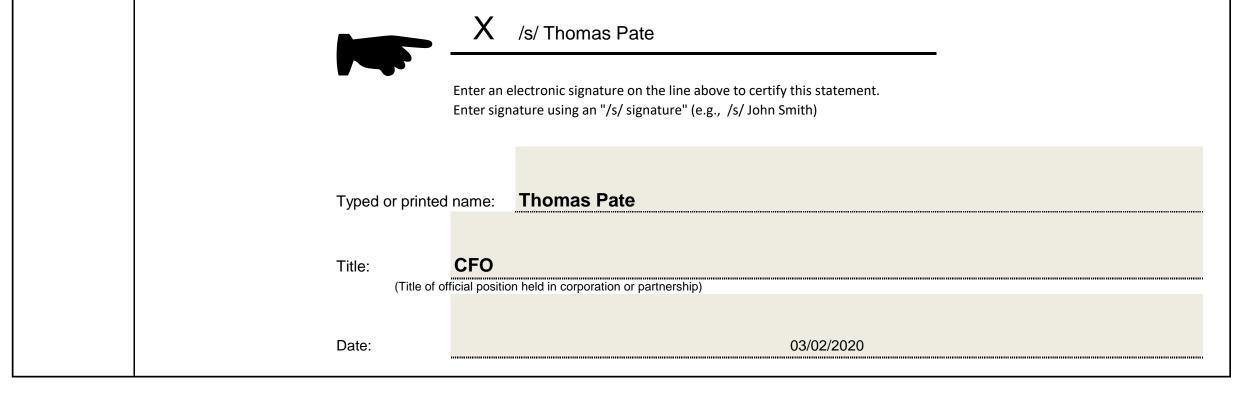
ccounting Period:	-			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 3719
	CableSouth Media III,			5719
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the 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> n effect on June 24, 1981, permitting f e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. c With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations of s call sign. <i>Do not</i> report origination d with a station according to its over-th he form. el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instr n of each station. For U.S. stations, list	g translator stations and low power tele of (1) stations carried only on a part-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESPI ne-air designation. For example, report evision station for broadcasting over t a station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial education cuctions in the paper SA1-2 form. at the community to which the station is the community with which the station is	ne basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAQY	11 4	N	Columbia, LA Monroe, LA
dd Rows as Necessary	WGN	8	I	Chicago, IL
	KALB	2	Ν	Alexandria, IL
	KNOE	6	Ν	Monroe, LA
	KARD	5	l	West Monroe, LA
	KALX	12	Ν	Alexandria, IL
	KLTM	9	E	Monroe, LA

EGAL NAME OF			ISIEM:					SYSTEM I 37
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
The ceivable if (1) on the basis of the For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. lentify the call tate whether to the radio stat this by placing tive the station	y the sys be rece at the Co sign of o the static ion's sig g a chec n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during o ige (v) of the g system as a se sed by the FC	2) it can sertain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
0.411 0.011	A							
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		

Accounting Perio							FORM	/I SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CableSouth Media III,	LLC						3719
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ccounting p	eriod, under sp	ecific present and former F	CC rules, regu	ulations, or	authorization	s. For a further
Substitute Carriage:		-			ie general mo			
Special	 SPECIAL STATEMENT During the accounting per 					otwork tol	ovicion progr	
Statement and	0 01		u cable syster	n carry, on a substitute ba	sis, any nonin			
Program Log	broadcast by a distant sta	tion?				L	YES	NO
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you n	nust comp	lete the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTE			ata Kasa Ilas abbas dations				
	In General: List each subs clear. If you need more spa		•		s wherever po	ossidie, if t	neir meaning	j is
				vision program ("substitute	e program") th	nat, during	the account	ing
	period, was broadcast by a		•	-	•	•	•	
	under certain FCC rules, re Do not use general categor	•						
	"NBA Basketball: 76ers vs.			etball. List specific progra		stample, i	LOVE LUCY	OI .
				er "Yes." Otherwise enter '				
		•		asting the substitute progr				
	the case of Mexican or Car		,	the community to which the community with which the			the FCC or,	IN
				stem carried the substitute		,	ls, with the n	nonth
	first. Example: for May 7 giv							
				ogram was carried by your	•			ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program can	ned by a system from 6:01	. 15 p.m. to 6	:28:30 p.m	i. snould be	
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules a							ogram
	was substituted for program effect on October 19, 1976	•	your system w	as permitted to delete und	ler FCC rules	and regul	ations in	
		•						•
	S	UBSTITUT	E PROGRAM	1		N SUBST AGE OCC		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	6. ⁻ FROM	TIMES — TO	DELETION
							_	
							_	
							—	
							_	
							_	
							_	
							_	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SY	STEM ID# 3719
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transment (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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 1 if the amount of gross receipts in space K is more than \$263,800 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 \$257,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 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 Line 1. Royalty fee for accounting period . Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 . BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1 1. Base amount under statutory formula	263,800 his six-month \$ \$ 00)	52.00 0.00 52.00
	 7. Multiply line 6 by .005 (enter figure here)		0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,		
	1. Enter the amount of gross receipts from space K \$ 2. Base amount under statutory formula \$ 3. Subtract line 2 from line 1 4 4. Multiply line 3 by .01 4 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 6. Interest charge. Enter the amount from line 4, space Q, page 8 \$ 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$	1,319.00 0.00	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	SE 15.00]
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	15.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CableSouth M	edia III, LLC	3719
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 I television broadcast stations	8
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	172
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Cristy Workman Telephone 73	1-723-9913
	Address	1056 Jones Blvd (Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip)	
	Email	Fax (optional)	
O Certification	• I, the undersigned (Owned) (Agen in (Office) in	(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 B; or et of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of line 1 of space B.	em as identified
		d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	



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.

0	2019/2	FORM SA1-2E. PAGE
AL NAME OF OW	VNER OF CABLE SYSTEM:	SYSTEM IE
bleSouth Me	dia III, LLC	371
The Satellite H lowing sentend "In dete service scribers For more infor	STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic e of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- rs and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." ermation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
During the acc made by satel	counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions llite carriers to satellite dish owners?	
NO YES. Ente	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
	ASSESSMENT	
	nplete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explana		Q Interest Assessmen
For an explana	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explana	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmen
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmen
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmen
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmen
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmen
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmen
For an explana Line 1 Enter Line 2 Multip Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the NOTE: If you a list below the of Owner	ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmer

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.