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 by email to: FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) For additional information, Ş contact the U.S. Copyright General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook 2-28-240 ALLOCATION NUMBER Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2019/2 Barcode Data Filing Period (optional - see instructions) 20192 Accounting Period 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 В 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.

 In the were under during the accounting period, only the owner on the fast day of the accounting period should subline a single statement of account and royalty fee payment covering the entire accounting period.
 8305

 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
 8305

 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
 ULTRA COMMUNICATIONS GROUP, LLC

 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
 800

 MAILING ADDRESS OF OWNER OF CABLE SYSTEM
 10 E. EARLL DRIVE

 (Number, street, rural route, apartment, or suite number)
 PHOENIX, AZ 85012

 (Churdien, street, rural
 200

 C
 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: ULTRA COMMUNICATION RD. (Number, street, rural route, apartment, or sulte number) MONROE, LA 71203 (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.

Return comp by email to:

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
|---------------------|--|---|
| Name | ULTRA COMMUNICATIONS GROUP, LLC | 83 |
| D | Instructions: List each separate community served by the cable system. A "cor "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 | nmunity" is the same as a "community unit" as defined in FCC rule ed communities within unincorporated areas and including single you list will serve as a form of system identification hereafter kno gs. |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city. | bbile home parks should be reported in parentheses below the |
| | CITY OR TOWN | STATE |
| First | QUITMAN | MS |
| Community | STONEWALL | MS |
| | ENTERPRISE | MS |
| d Rows as Necessary | | |
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|---------------|--|-------------------|---------------|------------------|-------------|-----------------|--------------|---------------------------|------|--|
| Name | LEGAL NAME OF OWNER OF C | 515 | TEM ID 830 | | | | | | | |
| | | ONS GROU | P, LL(| C | | | | | 000 | |
| F | SECONDARY TRANSMISSION | | | | | | | | | |
| E | In General: The information in s | - | | - | | - | | | | |
| Secondary | system, that is, the retransmission about other services (including pressure to the services) and the services (including pressure to the services) and the services (including pressure to the services) are services as the services (including pressure to the services) are services (including pressure to the services) are services (including pressure to the services) are services as the services (including pressure to the services) are services | | | | | • | | | | |
| Transmission | last day of the accounting period | • • | | | • | | | | | |
| Service: Sub- | Number of Subscribers: Both | | | | | | able systen | n, broken | | |
| scribers and | down by categories of secondary | • | | • | | • | | | | |
| Rates | 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 of | | | | | | | re and the | | |
| | unit in which it is generally billed | • | | • • | | | | • | | |
| | category, but do not include disc | · · · | | , | | | | F | | |
| | Block 1: In the left-hand block | | | • | | • | | | | |
| | 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 | | | | | | | | | |
| | Block 2: If your cable system | - | | | | | | | | |
| | printed in block 1 (for example, t | | | | | • | , | | | |
| | with the number of subscribers a sufficient. | and rates, in th | e right- | hand block. A t | NO- or thre | ee-word descrip | tion of the | ion of the service is | | |
| | | DCK 1 | | | | | BLOCK | (2 | | |
| | CATEGORY OF SERVICE | NO. OF | | DATE | | EGORY OF SEI | | NO. OF | | |
| | Residential: | SUBSCRIB | EKS | RATE | CAT | EGORT OF SEI | KVICE | SUBSCRIBERS | RATE | |
| | Service to first set | | 85 | \$36.00 | | | | | | |
| | Service to additional set(s) | | 00 | 430.00 | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | |
| | Motel, hotel | | | | | | | | | |
| | Commercial | | 2 | \$36.00 | | | | | | |
| | Converter | | 4 | \$30.00 | | | | | | |
| | Residential | | | | | | | | | |
| | Non-residential | | | | | | | | | |
| | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMIS | SIONS: RATE | S | | | | | |
| F | In General: Space F calls for ra | | | | • | • • | | | | |
| Г | not covered in space E, that is, t | | | | | • | | | | |
| Services | service for a single fee. There an furnished at cost or (2) services | | - | | - | | | , | | |
| Other Than | amount of the charge and the ur | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | , | | | | | | |
| ransmissions: | Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. | | | | | | | | | |
| Rates | 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. | | | | | | | | | |
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| | CATEGORY OF SERVICE | BLO RATE | | GORY OF SER | //05 | RATE | | BLOCK 2 DRY OF SERVICE | RATE | |
| | Continuing Services: | KAIE | | ation: Non-res | | RATE | CATEGO | DRT OF SERVICE | KAI | |
| | • Pay cable | \$9-\$18.00 | | otel, hotel | uentiai | | FXPAN | DED BASIC | 54.0 | |
| | • Pay cable—add'l channel | 40 \$10.00 | | mmercial | | | | L FAM PLUS | 13.0 | |
| | Fire protection | | | y cable | | | | FAMILY PAK | 18.0 | |
| | •Burglar protection | | | y cable-add'l ch | annel | | | | 18.0 | |
| | Installation: Residential | | | e protection | amo | | | HE WORKS | 27.0 | |
| | • First set | \$40.00 | | rglar protection | | | НВО | | 18.0 | |
| | Additional set(s) | φ+0.00 | | services: | | | CINEM | AX | 13.0 | |
| | • FM radio (if separate rate) | | | connect | | \$90.00 | | | 13.0 | |
| | • Converter | | | sconnect | | 90.UC | | | | |
| | - Converter | | | itlet relocation | | | | | | |
| | | | 1 °OU | | | | | | | |
| | | | | ove to new addr | | \$45.00 | | | | |

| •• ··· | LEGAL NAME OF OWNER O |)F CABLE SYSTEM: | | SYST | | | | | |
|----------------------------|--|--|--|---|--|--|--|--|--|
| Name | | ATIONS GROUP, LLC | | | | | | | |
| | PRIMARY TRANSMITTERS: TELEVISION | | | | | | | | |
| G Primary nsmitters: | carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a | dentify every television station (including t em during the accounting period, <i>except</i> s in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. | (1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain s | t-time basis under grams [sections tations carried on a | | | | | |
| levision | basis under specific FCC r Do not list the station he station was carried only or | Is: With respect to any distant stations ca rules, regulations, or authorizations: ere in space G—but do list it in space I (th on a substitute basis. d also in space I, if the station was carried | ne Special Statement and Program | n Log)—if the | | | | | |
| | basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on | tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the n the form. | see page (v) of the general instru rogram services such as HBO, ES e-air designation. For example, re | ictions. SPN, etc. Identify each port multistream | | | | | |
| | of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast) | nel number the FCC assigned to the telev WRC is channel 4 in Washington, D.C. ch case whether the station is a network s tering the letter "N" (for network), "N-M" (f t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruct | station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa | r a noncommercial ependent), "I-M" | | | | | |
| | Column 4: Give the location | adian stations, if any, give the name of th | the community to which the static | - | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | | | |
| | WGBC | 30 | I | MERIDIAN, MS | | | | | |
| | WMAW | 44 | E | MERIDIAN, MS | | | | | |
| ws as Necessary | WMDN | 24 | Ν | MERIDIAN, MS | | | | | |
| 10 22 | WTOK | 11 | N | MERIDIAN, MS | | | | | |
| | WGBC-2 | 30 | N-M | MERIDIAN, MS | | | | | |
| | WTOK-2 | 11 | I-M | MERIDIAN, MS | | | | | |
| | WTOK-2 | 11 | I-M | MERIDIAN, MS | | | | | |
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| LEGAL NAME OF | | | BROUP, LLC | | | | | | SYSTEM 8 |
|--|--|--|---|----------------------------|--|---|---|---|----------------------------------|
| | every radio s | station ca | arried on a separate and discr nerally receivable by your cab | | | | | | н |
| eceivable if (1) on the basis of the or 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 ormation abou m. lentify the call tate whether t the radio stati this by placing ive the station | y the sys be recein at the Co sign of e he static ion's sig g a chec n's locati | I-Band FM Carriage: Under O 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 ti sy: thi sec | he system's he stem's FM ante s point, see pa d by the cable s station is licens | adend, and (2 enna, during o ge (v) of the g system as a se sed by the FC | 2) it can ertain s jeneral 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 | |
| 5, 22 51014 | | 0,0 | | | 5.122 01014 | , OF F W | 0,0 | | |
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| Accounting Perio | d: 2019/2 | | | | | | FORM | A SA1-2E. PAGE 5. |
|------------------|--|---------------|-------------------|-------------------------------|------------------|----------------|-------------------|-------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | STEM: | | | | | SYSTEM ID# |
| Name | ULTRA COMMUNICAT | IONS GR | OUP, LLC | | | | | 8305 |
| | | | | | | | | |
| | SUBSTITUTE CARRIAGI | | | | | | | |
| l I | In General: In space I, ident | • • | | | | • | • | |
| Substitute | substitute basis during the a explanation of the programm | • • | | • | | | | |
| Carriage: | · | • | | | ie general mo | | | |
| Special | SPECIAL STATEMEN During the accounting period | | | | | otwork tolo | vicion progr | |
| Statement and | | - | al cable system | in carry, on a substitute ba | 515, any nom | | | |
| Program Log | broadcast by a distant sta | tion ? | | | | | YES | NO |
| | Note: If your answer is "No | ", leave the | e rest of this pa | ige blank. If your answer is | s "Yes," you r | nust compl | ete the prog | ram |
| | log in block 2. | | | | | | | |
| | 2. LOG OF SUBSTITUTI | | | | | | | |
| | In General: List each subs clear. If you need more spa | | | | s wherever p | ossible, if th | neir meaning |) IS |
| | | | | vision program ("substitute | e program") tl | hat, during | the account | ina |
| | period, was broadcast by a | distant sta | tion and that y | our cable system substitut | ed for the pro | ogramming | of another s | station |
| | 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 | | | | |
| | Column 4: Give the broat the case of Mexican or Car | | , | the community to which th | | | he FCC or, | in |
| | | | | stem carried the substitute | | | s. with the m | nonth |
| | first. Example: for May 7 gi | | | | | | -, | |
| | | | | ogram was carried by you | | | | 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 | 1:15 p.m. to 6 | :28:30 p.m. | . should be | |
| | | er "R" if the | listed progran | n was substituted for prog | ramming that | vour syste | m was <i>requ</i> | ired |
| | to delete under FCC rules | and regulati | ions in effect d | uring the accounting perio | d; enter the l | etter "P" if t | he listed pro | |
| | was substituted for program | 0 | your system w | as permitted to delete und | ler FCC rules | and regula | ations in | |
| | effect on October 19, 1976 | • | | | | | | |
| | | | | | WHE | N SUBSTI | TUTE | |
| | S | UBSTITUT | E PROGRAM | 1 | | AGE OCC | | 7. REASON FOR |
| | 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 | FORM SA1-2E. PAGE 6. |
|-------------------------------|--|----------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC | SYSTEM ID# 8305 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter th all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissio (as identified in space E) during the accounting period. For a further explanation of how to compute this amoun 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 | on 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 \$263,8 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. | 300 |
| | 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 this six accounting period is \$52.00 | <-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 \$137,100) | |
| | 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 | |
| | 2. Base amount under statutory formula \$ 263,800.00 | |
| | 3. Subtract line 2 from line 1 | |
| | 4. Multiply line 3 by .01 | |

| 0.00 | |
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| \$ 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 | | | SYSTEM ID# |
| M Channels | CHANNELS Instructions: Y to its subscriber | 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. | 8305 |
| | | al number of channels on which the cable d television broadcast stations | 7 |
| | on which the c | al number of activated channels cable system carried television broadcast stations | 121 |
| 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 | EMERSON YEARWOOD Telephone 602-364-619 | 95 |
| | Address | 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) | |
| | Email | PHOENIX, AZ 85012 (City, town, state, zip) EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-6013 | |
| O Certification | • I, the undersign (Own (Ager | I (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or not of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified I line 1 of space B and that the owner is not a corporation or partnership; or | əd |
| | X (Officiant in • I have examine | 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 cable s I line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. | ystem |

| 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: 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.

| unting Period: 2019/2 | FORM SA1-2E. PAGE |
|--|---|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
| RA COMMUNICATIONS GROUP, LLC | 830 |
| 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 Statement Concerning Gross Receipts Exclusio |
| made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ | |
| Name 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 |
| x days | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | |
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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.