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 2 - 27 - 20in the first tab of this workbook 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) 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. 9882 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

 TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A/ NEWWAVE COMMUNICATIONS

 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)

 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
 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.

 1
 IDENTIFICATION OF CABLE SYSTEM:

 1
 TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS

 MAILING ADDRESS OF CABLE SYSTEM:

 2
 420 HAMILTON ST. #6

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

 ASHDOWN, AR 71822

 (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.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A/ NEWWAVE (30
D	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l as the "first community." Please use it as the first community on all future filings.	ity" is the same as a "community unit" as defined in FCC ru ommunities within unincorporated areas and including sing ist will serve as a form of system identification hereafter kn
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	nome parks should be reported in parentheses below the
		STATE
First Community	ASHDOWN	AR
,		
ld Rows as Necessary		
·····,		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name				T, LLC D/B//	A/ NEWV	VAVE COMN	IUNICAT		988
				,					
Е	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of	the cable	
_	system, that is, the retransmissi	•		•		•			
Secondary	about other services (including					•			
Transmission	last day of the accounting period	d (June 30 or E	Decemb	er 31, as the c	ase may b	e).		-	
Service: Sub-	Number of Subscribers: Both	•					•		
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular serv		-	•••		•	-	s charged	
	Rate: Give the standard rate of					0	,	ge and the	
	unit in which it is generally billed	-	-					-	
	category, but do not include disc	· ·		,	•				
	Block 1: In the left-hand block								
	systems most commonly provid								
	that applies to your system. Not			•		•			
	categories, that person or entity					•			
	subscriber who pays extra for ca					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,	-		-					
	with the number of subscribers a					•			
	sufficient.								
	BLC	OCK 1 NO. OF					BLOCK	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI
	Residential:								
	Service to first set		274	\$35.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		0	¢25.00					
			8	\$35.00					
	Converter								
	Residential								
	Non-residential								
					·				
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,				•	• •			
	service for a single fee. There a					•	•		
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the u		s usually	y billed. If any r	ates are c	harged on a va	riable per-p	orogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		the each	lo avetam for a	ach of the	applicable con	ioon lintod		
Rates	Block 2: List any services tha			•					
Nates	listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) descrip		-						
		BLO					T	BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	TUTE		ation: Non-res		TOTE	0,11200		1011
	• Pay cable	\$9-\$18.00		tel, hotel	laonnai		FXPAN	DED BASIC	60.0
	• Pay cable—add'l channel	40 \$10.00	1	mmercial				L FAM PLUS	16.0
	,		4					ENCORE	19.0
	Fire protection		1 '	y cable v cable odd'l ol	opped		••••••		
	•Burglar protection		· ·	y cable-add'l cl	iannel		SHOW		19.0
	Installation: Residential			e protection			HBO	AV	19.0
	• First set	40.00		rglar protection	l		CINEM	AX	19.0
	 Additional set(s) 			services:					
	 FM radio (if separate rate) 		4	connect		\$90.00			
	Converter		• Dis	connect					
			• Ou	tlet relocation					
						¢ 45 00	ſ]
			• IVIO	ve to new add	ress	\$45.00			

ccounting Period:	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
		ONS MANAGEMENT, LLC D/B/	A/ NEWWAVE COMMUNICA	ГI [.] 9882
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru	ntify every television station (including n during the accounting period, except n effect on June 24, 1981, permitting to (2) and (4), or 76.63 (referring to 76. s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations:	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	time basis under ams [sections ations carried on a bstitute program
	station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe	also in space I, if the station was carrien n concerning substitute basis stations also call sign. <i>Do not</i> report origination with a station according to its over-th	ed both on a substitute basis and als s, see page (v) of the general instruc program services such as HBO, ESI ne-air designation. For example, rep	to on some other tions. PN, etc. Identify each ort multistream
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of	(for network multicast), "I" (for indep or "E-M" (for noncommercial educat ructions in the paper SA1-2 form. Is the community to which the station the community with which the station	endent), "I-M" ional multicast). n is licensed by the n is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KATV	22	N	LITTLE ROCK, AR
	KETG	13	E	ARKADELPHIA, AR
Rows as Necessary	KMSS	34	I	SHREVEPORT, LA
	KPXJ	21	I	TEXARKANA, TX
	KSLA	17	N	SHREVEPORT, LA
	KTAL	26	N	TEXARKANA, TX
	ктвѕ	28	Ν	SHREVEPORT, LA
	KTBS-3	28	N-M	SHREVEPORT, LA
	KSLA-2	17	I-M	TEXARKANA, TX
	KSHV	16	I	SHREVEPORT, LA
	KTAL-2	26	I-M	TEXARKANA, TX

Accounting F	Period: 2019	/2						FORM	/I SA1-2E. PAGE 4.
LEGAL NAME O	F OWNER OF	CABLE S	YSTEM:						SYSTEM ID#
TELECOMM	UNICATIO	NS MA	NAGEMENT, LLC D/B/A	V	NEWWAVE	COMMUNI	CATIO	NS	9882
PRIMARY TRA	NSMITTERS								
			arried on a separate and discr	re	te basis and list	those FM sta	itions ca	rried on an	н
	-		nerally receivable by your cat						
Special Instru	ctions Conce	rnina Al	I-Band FM Carriage: Under (C	opyright Office r	egulations ar	n FM sia	nal is generally	Primary
-		-	stem whenever it is received a			-	-		Transmitters:
. ,			ived at the headend, with the		•	,	,	•	Radio
		it the Co	opyright Office regulations on	tł	nis point, see pa	ige (v) of the g	general i	nstructions in the.	
paper SA1-2 fo		,							
	-	-	each station carried. on is AM or FM.						
			nal was electronically process	se	ed by the cable s	system as a s	enarate	and discrete	
		-	k mark in the "S/D" column.			System as a s	opulato		
-		-	on (the community to which the	he	e station is licen	sed by the FC	C or, in	the case of	
Mexican or Car	nadian stations	s, if any,	the community with which the	e	station is identif	ied).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/0	LOCATION OF STATION	_	CALL SIGN		5/0	LOCATION OF STATION	
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Accounting Perio	od: 2019/2						FORM	M SA1-2E. PAGE 5.
-	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	TELECOMMUNICATIO	NS MAN	AGEMENT, I	LC D/B/A/ NEWWAV		NICATIONS	6	9882
	SUBSTITUTE CARRIAGE							
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, reg	ulations, or au	uthorization	s. For a further
Carriage:	1. SPECIAL STATEMENT	•			5			
Special Statement and	 During the accounting per 	iod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network telev	ision progr	am
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer i	s "Yes," you r	must complet	te the prog	ram
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs	titute progra	am on a separ		s wherever p	ossible, if the	eir meaning	j is
	clear. If you need more spa Column 1: Give the title			rows to the tables. vision program ("substitute	e program") t	hat during th	e account	ina
	period, was broadcast by a	distant sta	tion and that ye	our cable system substitut	ted for the pro	ogramming o	f another s	station
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra		example, TL		OI .
				er "Yes." Otherwise enter asting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (t	he community to which th	e station is lie	•	e FCC or,	in
	the case of Mexican or Car Column 5: Give the mor			community with which the stem carried the substitute		,	with the m	nonth
	first. Example: for May 7 giv	ve "5/7."						
	Column 6: State the tim to the nearest five minutes.			ogram was carried by you ried by a system from 6:0?				ately
	stated as "6:00–6:30 p.m."							
	to delete under FCC rules a			n was substituted for prog	•		•	
	was substituted for program	nming that						-gram
	effect on October 19, 1976							
	S		E PROGRAM	1	CARRI	N SUBSTIT	RRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	MES - TO	
							-	
							-	
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Accounting Period:	2019/2 FOF	RM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A/ NEWWAVE COMMUNICATIONS	SYSTEM ID# 9882
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serve (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	vice
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 \$263,800 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. 	
	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-mon accounting period is \$52.00	th
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	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		OWNER OF CABLE SYSTEM: NICATIONS MANAGEMENT, LLC D/B/A/ NEWWAVE COMMUNICATIONS	SYSTEM ID# 9882
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the ca	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	11 187
N 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)	
	Email	EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-6013	
O Certification	 I, the undersigned (Owned) (Agen in in X) (Officiation in 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; et of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst 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 line 1 of space B. 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. on 1001(1986)]	rstem 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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	019/2	FORM SA1-2E. PAGE
AL NAME OF OWN	IER OF CABLE SYSTEM:	SYSTEM II
ECOMMUNIC	ATIONS MANAGEMENT, LLC D/B/A/ NEWWAVE COMMUNICATI	988
The Satellite Ho lowing sentence "In deter service o scribers For more inform	CATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- e: mining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." nation on when to exclude these amounts, see the note on page (vii) of the general instructions aper SA1-2 form.	P Special Statement Concerning Gross Receipts Exclusion
-	unting period, did the cable system exclude any amounts of gross receipts for secondary transmissions e carriers to satellite dish owners?	
YES. Enter	the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
You must comp For an explanat	SSESSMENT lete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	le amount of late payment or underpayment	Interest Assessme
	e amount of late payment or underpayment	Interest Assessmer
	line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply	x	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply	x - x - x days line 2 by the number of days late and enter the sum here -	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space	Ine 1 by the interest rate* and enter the sum here - x - x days line 2 by the number of days late and enter the sum here - x - x - x - x - x - x - x - x 0.00274** and enter here - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x -	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the	Iine 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you ar	Ine 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you ar	Ine 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply Line 3 Multiply Line 4 Multiply in space * To view the contact the ** This is the NOTE: If you ar list below the ow	Ine 1 by the interest rate* and enter the sum here	Interest Assessme

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.