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

STATEME	NT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	/ Transmissions by	DATE RECEIVED	AMOUNT	-
	as (Short Form)	DATE RECEIVED	\$	<u>coplicsoa@copyright.gov</u> For additional information,
General instruct		08/31/20	-	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
in the first tab of	this workbook		ALLOCATION NUMBER	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of th of the subsidiary, not that of the parent co		liary of another corporation, give the full co	rporate title
Owner	List any other name or names under which	n the owner conducts the business of th	e cable system.	
	If there were different owners during the single statement of account and royalty fe		ne last day of the accounting period should sing period.	submit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	10029
-	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	CableSouth Media III, LLC			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	1056 Jones Blvd			

Milan, TN 38358 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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. IDENTIFICATION OF CABLE SYSTEM: System 1 Swyft Connect, LLC MAILING ADDRESS OF CABLE SYSTEM: 1056 Jones Blvd 2 Number, street, rural route, apartment, or suite number) Milan, TN 38358 (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.

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	CableSouth Media III, LLC	10029
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Area Served	identified city.	mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Fordyce	AR
Community		
Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						-2E. PAGE
Name	CableSouth Media III, L							010	1002
	· · · · ·								
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	the cable	
—	system, that is, the retransmission			-		•			
Secondary	about other services (including p	oay cable) in sp	bace F, n	ot here. All th	e facts you	i state must be	those exist	ting on the	
Transmission	last day of the accounting period Number of Subscribers: Both	·				,	hla avatam	brokon	
Service: Sub- scribers and	down by categories of secondar	•					2		
Rates	each category by counting the n			•		•			
	separately for the particular serv							na and the	
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				ny olanaa		o mann a		
	Block 1: In the left-hand block	•		-		•			
	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 of	0			· · ·	anning that an	differenti	incurs the sec	
	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	C2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		90	31.35					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	s				
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur	nit in which it is							
	enter only the letters "PP" in the Block 1: Give the standard rate		he ceble	avatana fan ar	ab af the	annliaghla agus	aaa liatad		
Secondary								were not	
ransmissions:	Block 2: List any services that	t your cable sy	Stelli luli	lished or offer					
•	Block 2: List any services that listed in block 1 and for which a				-	-	vices in the	e ionn or a	
ransmissions:	-	separate charg	ge was m	ade or establ	-	-	vices in the	e Ionn of a	
ransmissions:	listed in block 1 and for which a	separate charg	ge was m de the rat	ade or establ	-	-	vices in the	BLOCK 2	
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charget otion and inclue	ge was m de the rat CK 1 CATEG	ade or establ e for each. DRY OF SER	shed. List	-			RAT
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate chargotion and inclue BLO	ge was m de the rat CK 1 CATEGO Installat	ade or establ te for each. DRY OF SER ion: Non-res	shed. List	these other ser		BLOCK 2	RAT
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate chargotion and inclue BLO	ge was m de the rat CK 1 CATEGO Installat • Mote	ade or establ te for each. DRY OF SER cion: Non-res el, hotel	shed. List	these other ser		BLOCK 2	RAT
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate chargotion and inclue BLO	de was m de the rat CK 1 CATEGO Installat • Mote • Com	ade or establ te for each. DRY OF SER tion: Non-res el, hotel mercial	shed. List	these other ser		BLOCK 2	RAT
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate chargotion and inclue BLO	ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay	ade or establ te for each. DRY OF SER tion: Non-res el, hotel mercial cable	shed. List VICE idential	these other ser		BLOCK 2	RAT
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	separate chargotion and inclue BLO	ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay	ade or establ te for each. DRY OF SER cion: Non-res el, hotel mercial cable cable-add'l ch	shed. List VICE idential	these other ser		BLOCK 2	RAT
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate chargotion and inclue BLO	e was m de the rat CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire	ade or establ te for each. DRY OF SER cion: Non-res el, hotel mercial cable cable-add'l ch protection	shed. List VICE idential	these other ser		BLOCK 2	RAT
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate chargotion and inclue BLOO RATE	e was m de the rat CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire	ade or establ te for each. DRY OF SER cion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection	shed. List VICE idential	these other ser		BLOCK 2	RAT
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate chargotion and inclue BLOO RATE	ge was m de the rai CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	ade or establ te for each. DRY OF SER cion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection	shed. List VICE idential	these other ser		BLOCK 2	RAT
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate chargotion and inclue BLOO RATE	ge was m de the rad CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	ade or establ te for each. DRY OF SER ion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection ervices:	shed. List VICE idential	RATE		BLOCK 2	RAT
ransmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate chargotion and inclue BLOO RATE 39.99	ge was m de the rai CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	ade or establ te for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	shed. List VICE idential	RATE		BLOCK 2	RAT

2020/1			FORM SA1-2E. PAGE
LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEM II
			1002
carried by your cable syster 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 • Do <i>not</i> list the station here station was carried <i>only</i> 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 of license. For example, W Column 3: Indicate in each	em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the (2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. S: With respect to any distant stations car ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, in's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. leel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network	<i>t</i> (1) stations carried only on a part- the carriage of certain network progr 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als s, see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or a	-time basis under rams [sections ations carried on a ubstitute program a Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial
For the meaning of these te	erms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	,
		2	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KETS	2	N	Little Rock, AR
KARK	4		Little Rock, AR
KASN	6	N	Little Rock, AR
KATV	7	N	Little Rock, AR
KLRT	8	N	Little Rock, AR
KARZ	9	Ν	Little Rock, AR
KTVE	10	Ν	El Dorado, AR
ктни	11	Ν	Little Rock, AR
KTVN	12	I	Little Rock, AR
ккүк	13	l	Little Rock, AR
WGN	14		Little Rock, AR
	1		•
-	LEGAL NAME OF OWNER OF CableSouth Media III, PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster 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 rule · Do not list the station here station was carried only on · List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad 1. CALL SIGN KETS KARK KASN KATV KLRT KARZ KTVE KTHV KTVN KKYK	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC PRIMARY TRANSMITTERS: PRIMARY TRANSMITTERS: TELEVISION In General: In general: In general: Substitute Basis Stations: Substitute Basis Stations: With respect to any distant stations crists Substitute Basis Stations: With respect to any distant stations crists Do not list the station here in space G—but do list it in space I (the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carrie basis. For further information concerning substitute basis stations; Column 1: List each station's call sign. Do not report origination pullicast stream associated with a station according to its over-the "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the tele of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network, "N-M" (for independent multicast), "E" (for noncommercial educational), Grot the meaning of these terms, see page (iv) of the general instr Column 4: Give the location of each station. For U.S. stations, list FCC. For Mexican or Canadian stations, if any, give the name of the station is a station, general instr Column 4:	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power to carried by your cable system during the accounting period, except (1) stations carried only on a part-FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network progr 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain st substitute pasis Stations: * Do not list the station here in space G—but do list it in space I (the Special Statement and Program station was carried only on a substitute basis. * List the station here in space G—but do list it in space I (the Special Statement and Program station was carried only on a substitute basis. * List the station here in space G.—but do list it in space I (the Special Statement and Program station was carried only on a substitute basis. * List the station here, and also in space I, if the station was carried both on a substitute basis. * List the station's call sign. D not report origination program services such as HBO,ES multicast stream associated with a station according to its over-the-air designation. For example, rep "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station, or educational station, by entering the letter "N" (for network), "N.M" (for network multicast), "E" (for independent multicast). "E" (for independent multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educations) in the paper SA1-2 form.

CableSouth	• OWNER OF C Media III, L							SYSTEM 10
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	/ the sys be recei t the Cc sign of e he static ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processor k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		-, -				<u>,</u>		
							·	
							·	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	CableSouth Media III,	LLC						10029
					<u>.</u>			
1	SUBSTITUTE CARRIAG	-	-					
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm	01	<i>'</i>	•	, 0	, ,		
Carriage:	1. SPECIAL STATEMEN				0		•••	
Special	 During the accounting per 	-			isis. anv noni	network tel	evision proa	ram
Statement and Program Log	broadcast by a distant sta		,	<i>,</i>	, ,	Γ		NO
Program Log	-					L	YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comp	lete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wnerever p	ossidie, it t	neir meaning	g is
				vision program ("substitute	e program") t	hat. during	the account	tina
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming	g of another	station
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "l	Love Lucy"	or
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter	"No "			
				casting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numera	ls, with the r	nonth
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	r cahle syste	m list the	times accur	ately
	to the nearest five minutes.							atory
	stated as "6:00-6:30 p.m."				·			
				n was substituted for prog				
	to delete under FCC rules a							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ter FCC rules	s and regul	ations in	
		•						1
					WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	-	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
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							-	

Accounting Period:	2020/1	FORM SA1-2	E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYS	TEM ID# 10029
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,80(
	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 th accounting period is \$52.00	is six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)	
	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 \$527,6	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		
	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and)E	
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) FALS		
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	1
	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 of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more tables and tables are tables as the paper SA1-2 form and the Excel instructions tab for more tables are tables as the paper SA1-2 form and the Excel instructions tab for more tables are tables as tables are tables are tables are tables as tables are tables ar		

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYSTEM ID# 10029
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television br to its subscribers, and (2) the cable system's total number of activated channels during the accounting p 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	eriod.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to we can contact about this statement of account.)	
for Further Information	Name Cristy Workman	Telephone 731-686-9227
	Address 1056 Jones Blvd (Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip)	
	Email cworkman@swyftconnect.com Fax (opt	ional)
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright C I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified (Agent of owner other than corporation or partnership) I am the duly authorized agent of the ain line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal er in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fa are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good for [18 U.S.C., Section 1001(1986)] 	d in line 1 of space B; or owner of the cable system as identified titly identified as owner of the cable system act contained herein
	Enter an electronic signature on the line above to certify this Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Thomas Pate	
	Title: CFO (Title of official position held in corporation or partnership)	
	Date: 8/3	1/2020

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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
bleSouth Media III, LLC	1002
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 made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. \$	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x	Interest Assessmen
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Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - 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 - (interest charge) * - * 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@copyright.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. <td>Interest Assessme</td>	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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