This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/28/20	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

	1						
A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		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 the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.					
Owner		List any other name or names under which the owner conducts the business of the cable system.					
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
		TELECOMMUNCATIONS MANAGEMENT, LLC					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		210 E EARLL DRIVE (Number, street, rural route, apartment, or suite number)					
		PHOENIX, AZ 85012 (City, town, state, zip)					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		TELECOMMUNCIATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	604 E. NATIONAL AVENUE (Number, street, rural route, apartment, or suite number)					
		BRAZIL, IN 47834 (City, town, state, zip code)					

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

		FORM SA1-2E. PAGE 1b							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	TELECOMMUNCATIONS MANAGEMENT, LLC 3005								
	Instructions: List each separate community served by the cable system. A "commur								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area Served	identified city.	nome parks should be reported in parentheses below the							
	CITY OR TOWN	STATE							
First	JASONVILLE	IN							
Community	DUGGER	IN							
•	VIGO	IN							
dd Dawe as Nassassan.	VCOALMONT	IN							
dd Rows as Necessary									
	FARMERSBURG	IN							
	WILFRED	IN							
	GREEN(N)	IN							
	HYMERA	IN.							
	WORTHINGTON	IN							
	ROCKVILLE	<u>IN</u>							
	MARSHALL	IN							
	PARKE COUNTY	IN							
	GREEN(S)	IN							
	SHELBURN	IN							
	MONTEZUMA	IN							
	BLOOMINGDALE	IN							
	MECCA	IN							
	MECOA	114							

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30050

TELECOMMUNCATIONS MANAGEMENT, LLC

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	677	\$40.00			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	32	\$53.25			
Converter					
Residential					
Non-residential					
		T		· [l

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
Pay cable	7.00-15.00	Motel, hotel		EXPANDED BASIC	48.00
 Pay cable—add'l channel 		Commercial		DIGITAL FAM PLUS	16.00
Fire protection		• Pay cable		STARZ SUPER PAK	19.00
•Burglar protection		 Pay cable-add'l channel 		SHOWTIME UNLTD	19.00
Installation: Residential		 Fire protection 		CINEMAX	19.00
• First set	100.00	 Burglar protection 		НВО	19.00
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		 Reconnect 	\$30.00		
Converter		Disconnect			
		 Outlet relocation 	30.00		
		 Move to new address 	\$30.00		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30050

TELECOMMUNCATIONS MANAGEMENT, LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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 stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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 and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAWV	39	N	TERRA HAUTE, IN
WTHI	10	N	TERRA HAUTE, IN
WTIU	14	E	BLOOMINGTON, IN
WTWO	36	N	TERRA HAUTE, IN
WTHI-2	10	I-M	TERRA HAUTE, IN
WTHI-3	10	I-M	TERRA HAUTE, IN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30050

TELECOMMUNCATIONS MANAGEMENT, LLC

PRIMARY TRANSMITTERS: RADIO

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

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
S, LL SIGIN	7 (1V) OI 1 IVI	SID	LOOKING OF GIATION	STILL SIGIN	/ UVI OI I IVI	5/10	LOOKING OF GIATION
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Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SVS	STEM:			FOR	M SA1-2E. PAGE 5. SYSTEM ID#		
Name	TELECOMMUNCATIO			LC			30050		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	OG				
Substitute	In General: In space I, iden substitute basis during the a explanation of the programm	tify every no accounting p	nnetwork televi	sion program, broadcast be ecific present and former f	y a <i>distant</i> sta FCC rules, reg	ulations, or authorizatio	ns. For a further		
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE					
Special Statement and	During the accounting per	riod, did yo	ur cable systen	n carry, on a substitute ba	asis, any noni	network te <u>levis</u> ion prog	r <u>am</u>		
Program Log	broadcast by a distant sta	ition?				YES	NO		
	Note: If your answer is "No	o", leave the	rest of this pa	ge blank. If your answer	is "Yes," you ı	must complete the prog	gram		
	log in block 2. 2. LOG OF SUBSTITUT								
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
	effect on October 19, 1976	i.			TT WHE	N SUBSTITUTE			
	S	UBSTITUT	E PROGRAM		1 1	IAGE OCCURRED	7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO			
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Accounting Period:	2020/1			FORM S	A1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNCATIONS MANAGEMENT, LLC			S	30050				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the same (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	system's se on of how	econdary transm to compute this	nission service amount, see	4,783.91 oss receipts)				
Copyright Royalty Fee									
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	you must pay for	this six-mon					
	Line 1. Royalty fee for accounting period			·					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			-	0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li	nes 1 and	2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	100)					
	Base amount under statutory formula	\$	263,800.00	_					
	Enter amount of gross receipts from space K	\$	204,783.91	_					
	3. Subtract line 2 from line 1	\$	59,016.09	_					
	Enter the amount of gross receipts from space K		\$	204,783.91					
	5. Enter the amount from line 3		\$	59,016.09					
	6. Subtract line 5 from line 4		\$	145,767.82					
	7. Multiply line 6 by .005 (enter figure here)			\$	728.84				
	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	7 and 8		\$	728.84				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)					
	Enter the amount of gross receipts from space K								
	Base amount under statutory formula		263,800.00	-					
	3. Subtract line 2 from line 1		200,000.00	-					
	4. Multiply line 3 by .01			-					
	Novalty due on the first \$263,800 of gross receipts (under statutory formula) .			1,319.00					
	6. Interest charge. Enter the amount from line 4, space Q, page 8		-						
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines								
	7. TOTAL NOTALITY EL L'ATABLE I ON ACCOUNTING I ENIOD. AND IIIICS	+, 0, and 0		•					
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	728.84					
Due	Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	748.84				
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		jhts!				

counting Period:	2020/1	FORM SA1-2E. PAGE 8
GAL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID#
LECOMMUNO	CATIONS MANAGEMENT, LLC	30050
The Satellite Holowing sentence "In determined services"	TATEMENT 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- ie: rmining 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."	Special Statement Concerning Gross
	mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form.	Receipts Exclusion
made by satelli	ounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions ite carriers to satellite dish owners?	
X NO	r the total here and list the satellite carrier(s) below	
TES. Effet	The total field and list the Satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
INTEREST A	ASSESSMENT	
•	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. tion of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter t	he amount of late payment or underpayment	Interest Assessment
Line 2 Multiply	y line 1 by the interest rate* and enter the sum here	
Line 2 Mulupiy		_
Line 3 Multiply	y line 2 by the number of days late and enter the sum here	
	x 0.00274	
	y line 3 by 0.00274** and enter here e L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
	(interest charge)	
	ne interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please ne Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is th	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Address		
ID number		11111
First community Accounting per		11111
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Accounting Period:	2020/1				FORM SA1-2E. PAGE 7.				
Name		IER OF CABLE SYSTEM: ATIONS MANAGEMENT	, LLC		SYSTEM ID# 30050				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.								
	on which the cable	mber of activated channels system carried television t services	oroadcas		274				
N Individual to Be Contacted		CONTACTED IF FURTHI		DRMATION IS NEEDED (Identify an individual to whom					
for Further Information	Name El	MERSON YEARWO	OD	Telephone	e 602-364-6195				
		10 E. EARLL DRIVE umber, street, rural route, apartm	ent, or su	iite number)					
		HOENIX, AZ 85012 ty, town, state, zip)							
	Email	EMERSON.YEA	RWOO	DD@CABLEONE.BIZ Fax (optional) 602-364-60	013				
0				ertified and signed in accordance with Copyright Office regulations	5)				
Certification		hereby certify that (Check or her than corporation or pa		nly one, of the boxes.) iip) I am the owner of the cable system as identified in line 1 of space.	ee B; or				
				partnership) I am the duly authorized agent of the owner of the cab	le system as identified				
	X (Officer o			not a corporation or partnership; or or or or a partner (if a partnership) of the legal entity identified as	owner of the cable system				
		nd correct to the best of my	-	declare under penalty of law that all statements of fact contained her age, information, and belief, and are made in good faith.	rein				
			X	/s/ RAYMOND STORCK	_				
				electronic signature on the line above to certify this statement. mature using an "/s/ signature" (e.g., /s/ John Smith)					
		Typed or printed	name:	RAYMOND STORCK					
				PRESIDENT on held in corporation or partnership)					
		Date:		August 28, 2020					

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