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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting		20201 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							
		TELECOMMUNICATIONS 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)						
		F 20 - 2 - 2 - 2						
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:						
	'	TELECOMMUNICATIONS 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.

ccounting Period:		FORM SA1-2E. PAGE 1						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:						
Name	TELECOMMUNICATIONS MANAGEMENT, LLC	31310						
	Instructions: List each separate community served by the cable system. A "c							
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.	mobile nome parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First	FLORA	IN						
Community	CAMDEN	IN						
	DELPHI	IN						
dd Rows as Necessary	BURLINGTON	IN						
,	CARROLL COUNTY	IN						

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 31310

### TELECOMMUNICATIONS MANAGEMENT, LLC

# E

### 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	BLOCK 1 BLOCK 2				
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	614	\$40.00			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	29	\$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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$7-\$15.00	<ul> <li>Motel, hotel</li> </ul>		EXPANDED BASIC	48.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		DIGITAL FAM PLUS	16.00
Fire protection		• Pay cable		STARZ SUPER PAK	19.00
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		SHOWTIME UNLTD	19.00
Installation: Residential		<ul> <li>Fire protection</li> </ul>		CINEMAX	19.00
• First set	\$100.00	<ul> <li>Burglar protection</li> </ul>		НВО	19.00
<ul> <li>Additional set(s)</li> </ul>		Other services:			
• FM radio (if separate rate)		<ul> <li>Reconnect</li> </ul>	\$30.00		
Converter		Disconnect			
		<ul> <li>Outlet relocation</li> </ul>	\$30		
		<ul> <li>Move to new address</li> </ul>	\$30.00		

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

Name

SYSTEM ID# 31310

### TELECOMMUNICATIONS MANAGEMENT, LLC

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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
WFYI	21	E	INDIANAPOLIS, IN
WHMB	20	<u> </u>	INDIANAPOLIS, IN
WISH	9	l	INDIANAPOLIS, IN
WLFI	11	N	WEST LAFAYETTE, IN
WNDY	9	I	INDIANAPOLIS, IN
WRTV	25	N	INDIANAPOLIS, IN
WTHR	13	N	INDIANAPOLIS, IN
WTTV	48	I	BLOOMINGTON, IN
WXIN	45	I	INDIANAPOLIS, IN
WISH-2	9	I-M	INDIANAPOLIS, IN
WISH-3	9	I-M	INDIANAPOLIS, IN
WNDY	9	I-M	INDIANAPOLIS, IN
L			

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 31310

Н

### TELECOMMUNICATIONS 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.

Primary Transmitters: Radio

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.

- 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).

	A N 4	0.0	LOCATION OF STATICS	OALL SIGN:	A B 4	0.5	LOCATION OF STATIST
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Substitute Carriage: Special Statement and Program Log  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG of Substitute Program or 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 nonetwork television program, broadcast by a distant station, that your cable system carry on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG of 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: "Feers 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 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 the substituted for programming that	E. PAGE ( FEM ID) 3131(																
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system can substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for CATRIAGE  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  2. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  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: Tist specific program titles, for example, "I Love Lucy" or "NBA Basketball: Toers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station is 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 twith which the station is identified).  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 6:2									EM:	CABLE SYS		counting Perio					
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Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  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 "517."  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 required to delete under FCC rules and regulations in effect on October 19, 1976.	<b>a</b>	NO				, ,		3,	,	-							
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2. LOG OF SUBSTITUTE PROGRAMS 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.  SUBSTITUTE PROGRAM  2. LIVE?  3. STATIONS  SHANGRE OCCURRED  5. MONTH  6. TIMES		alli	tile progi	лесе	iust com	res, you n	i aliswei is	ge bialik. II you	lest of this pa	, leave the	·						
effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S  WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA DEL		etation cion. cor in nonth ately	another s r informative Lucy" of FCC or, in with the m es accuranould be was required listed pro	g of grither the the the the the the time m. sh	ensed by entified). See numers the List the 28:30 p.r. your systetter "P" is	ed for the properal instruction titles, for endown.  No."  am.  e station is lice station is ide program. Us cable system in to 6:  amming that d; enter the left.	"substitute in substitute in substitute in substitute of the generative enter "little program on which the in which the esubstitute ed by your in from 6:01:  I d for programting period	ision program bur cable syste is. See page (vetball." List spe or "Yes." Otherwasting the subsine community with them carried the or system was carried by a system was substituted uring the account.	nnetwork televon and that your authorization vies" or "bask cast live, entertation broadern's location (the orange of the orange	of every no distant state gulations, of ies like "mo Bulls." In was broat sign of the adcast station addian station atth and day ye "5/7." es when the Example: a er "R" if the and regulati	Column 1: Give the title eriod, was broadcast by a nder certain FCC rules, reo not use general categor BA Basketball: 76ers vs.  Column 2: If the program Column 3: Give the call Column 4: Give the broade case of Mexican or Car Column 5: Give the more ist. Example: for May 7 gir Column 6: State the time the nearest five minutes. ated as "6:00–6:30 p.m."  Column 7: Enter the letted delete under FCC rules and interest five minutes.						
SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S  5. MONTH  6. TIMES  DEL			ITE		N CLIDO	WHE					fect on October 19, 1976						
1. TITLE OF PROGRAM   2. LIVE?   3. STATION'S       5. MONTH   0. TIMES	SON FO	7. REASC							PROGRAM	JBSTITUT	s						
	ETION	DELET				-	OCATION	4. STATION'S I			1. TITLE OF PROGRAM						
				,													

	2020/1				A1-2E. PAGE YSTEM II
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TELECOMMUNICATIONS MANAGEMENT, LLC			3	313
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form y all amounts (gross receipts) paid to your cable system by subscribers (as identified in space E) during the accounting period. For a further page (viii) of the general instructions located in the paper SA1-2 form	s for the system's explanation of ho	s secondary trans	mission service	
	Gross receipts from subscribers for secondary transmission sen during the accounting period			\$ 17 (Amount of gr	75,724.23 ross receipts)
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 Use block 2 if the amount of gross receipts in space K is more than \$  Use block 3 if the amount of gross receipts in space K is more than \$  See page (vi) of the general instructions located in the paper SA1-2 form	\$137,100 but less \$263,800 but less	s than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS	OF \$137,100 (	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, accounting period is \$52.00	the royalty fee th	nat you must pay fo	r this six-mon	
	Line 1. Royalty fee for accounting period			. <u> </u>	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIO	<b>DD</b> Add lines 1 a	nd 2	· · · ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800	0 OR LESS (but	t more than \$137	100)	
	Base amount under statutory formula			<u> </u>	
	2. Enter amount of gross receipts from space K	·		_	
	3. Subtract line 2 from line 1			<del>-</del>	
	4. Enter the amount of gross receipts from space K		<b>\$</b>	175,724.23	
	5. Enter the amount from line 3		<u>\$</u>	88,075.77	
	6. Subtract line 5 from line 4		\$	87,648.46	
	7. Multiply line 6 by .005 (enter figure here)			\$	438.24
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. A	add lines 7 and 8		\$	438.24
	BLOCK 3: GROSS RECEIPTS OF MORE TH	IAN \$263,800 (I	but less than \$52	7,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula			<del>-</del>	
	3. Subtract line 2 from line 1			_	
	4. Multiply line 3 by .01			_	
	Royalty due on the first \$263,800 of gross receipts (under statutory for				
	6. Interest charge. Enter the amount from line 4, space Q, page 8		-		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. A				
	FILING FEE AND TOTAL REMITTA	ANCE DUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, ab	ove)	<u></u> \$	438.24	
Due	2. Filing Fee (See the instructions for more information on filing fee calc	culations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2	and 3		\$	458.24
	Important: Your remittance must be in the form of an electr See page i of the general instructions in the p		ayable to the Reg	ister of Copyri	ghts!

ounting Period: 2	2020/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWN	NER OF CABLE SYSTEM:	SYSTEM ID#
LECOMMUNIC	CATIONS MANAGEMENT, LLC	31310
The Satellite Ho lowing sentence "In determ service o	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by add e: mining the total number of subscribers and the gross amounts paid to the cable system for tof providing secondary transmissions of primary broadcast transmitters, the system shall not and amounts collected from subscribers receiving secondary transmissions pursuant to sec	ne basic include sub- ion 119."  Special Statement Concerning Gross
	nation on when to exclude these amounts, see the note on page (vii) of the general instruction aper SA1-2 form.	Receipts Exclusion
made by satellit	ounting period, did the cable system exclude any amounts of gross receipts for secondary trate carriers to satellite dish owners?	nsmissions
X NO	the total here and list the satellite carrier(s) below	
TES. Enter	II	
Name Mailing Address	Name Mailing Address	
INTEREST A	ASSESSMENT	
•	olete this worksheet for those royalty payments submitted as a result of a late payment or un- tion of interest assessment, see page (viii) of the general instructions located in the paper SA	
Line 1 Enter th	ne amount of late payment or underpayment	Interest Assessment
	x	
Line 2 Multiply	line 1 by the interest rate* and enter the sum here	_
Line 2 Manapiy		dovo
Line 3 Multiply	v line 2 by the number of days late and enter the sum here	days
	line 3 by 0.00274** and enter here	0274
in space	e L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 (interes:	charge)
	e interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assis e Licensing Division at (202) 707-8150 or licensing@loc.gov.	,
** This is the	e decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are	re filing this worksheet covering a statement of account already submitted to the Copyright C wner, address, first community served, ID number, and accounting period as given in the ori	
Owner		
Address		
ID number		
First community  Accounting periods		
. woodaniing pon		

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 th 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.

Accounting Period:	2020/1				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: NICATIONS MANAGEMEN	NT, LLC		SYSTEM ID# 31310
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the c	s, and (2) the cable system's il number of channels on whic I television broadcast stations il number of activated channel able system carried television	ls	e accounting period.	272
N Individual to Be Contacted	INDIVIDUAL TO		HER INFORMATION IS NEEDED (Identify a		
for Further Information	Name	EMERSON YEARWO	DOD	Telephone	602-364-6195
	Address	210 E. EARLL DRIVE (Number, street, rural route, apart PHOENIX, AZ 85012 (City, town, state, zip)  EMERSON.YE	ment, or suite number)	Fax (optional) 602-364-601	3
	2				
O Certification	I, the undersign  (Owne  (Agen in  X (Officin in  I have examine	are of owner other than corporation or put of owner other than corporation of line 1 of space B and that the corpor partner) I am an officer line 1 of space B.  I determine the decount and the corporation of the statement of account and the corporation of the statement of the best of metals.	nust be certified and signed in accordance with one, but only one, of the boxes.)  partnership) I am the owner of the cable systemation or partnership) I am the duly authorized owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) I hereby declare under penalty of law that all sy knowledge, information, and belief, and are	em as identified in line 1 of space d agent of the owner of the cable of the legal entity identified as o	e B; or system as identified wner of the cable system
		Typed or printed  Title:  (Title of o	X /s/ RAYMOND STORCK  Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g., of the content of the c		
		Date:		August 28, 2020	

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