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) FOR COPYRIGHT OFFICE USE ONLY optimize to coplicion after copressions specific to the subscription of the coplex specific to the subscription of the subscription of the coplex of the subscription of the subscription of the coplex of the subscription of the subscription of the coplex of the subscription of t
Cable Systems (Short Form) <pre> Sinter Control (Short Form) Sinter Contrel (Short (Short Form) Sinter Control (Sho</pre>
in the first tab of this workbook 3/1/2021 ALLOCATION NUMBER Tel: (202) 707-8150 A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) 2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (eptional - 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 of the sublidiary, not that of the parent corporation. Uit any other name or names under which 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. 10027 Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division. 10027 LEGAL NAME OF OWNER/MALING ADDRESS OF CABLE SYSTEM EabisSouth Media III, LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM MALUNG ADDRESS OF OWNER OF CABLE SYSTEM 1056 Jones Bivd
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1056 Jones Blvd
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
C instructions: in line 1, give any business of trade names used to identify the business and operation of the system times trese names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System 1 IDENTIFICATION OF CABLE SYSTEM:
Swyft Connect, LLC MAILING ADDRESS OF CABLE SYSTEM:
2 1056 Jones Blvd (Number, street, rural route, apartment, or suite number)
I Chumber 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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	CableSouth Media III, LLC	10027
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wil community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobi	ommunities within unincorporated areas and including single, discrete I serve as a form of system identification hereafter known as the "first
Area Served	city.	
F 1	CITY OR TOWN	STATE
First Community	LaSalle Parrish	LA LA
,		
dd Rows as Necessary		

	·							FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							SYS	TEM IC 1002
	CableSouth Media III, LL	<u>.</u> C							1002
E Secondary Transmission Service: Sub- scribers and	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary	pace E should on of television ay cable) in sp (June 30 or D blocks in spa	cover a and rad bace F, r ecembe ce E call	l categories of io broadcasts ot here. All the r 31, as the cas for the numbe	secondar by your sy e facts you se may be r of subso	vstem to subscri u state must be e). cribers to the ca	bers. Give those exist ble system	information ting on the , broken	
Rates	each category by counting the ni separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc	umber of billing ice at the rate harged for eac . (Example: "\$2	gs in that indicated h catego 20/mth").	t category (the d—not the num ory of service. I Summarize ar	number o iber of sei nclude bo	f persons or org s receiving serv oth the amount o	anizations vice). of the charg	charged ge and the	
	Block 1: In the left-hand block systems most commonly provide that applies to your system. Not	in space E, th to their subsc : Where an in	e form li ribers. G dividual	sts the categor Give the numbe or organizatior	er of subse i is receiv	cribers and rate ing service that	for each li falls under	sted category different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted c Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to ince again und has rate catego iers of services	additiona er "Serv ories for s that inc	al sets would be ice to additiona secondary trar clude one or mo	e included al set(s)." nsmission ore secon	l in the count un service that are dary transmissio	der "Servi different f ons), list th	ce to the from those em, together	
	BLC	DCK 1					BLOCK	-	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	
	Residential: • Service to first set		239	31.35					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrit hose services e two exceptio or facilities furn it in which it is rate column. e charged by t your cable syst separate charge	ber) infor that are ns: you nished to usually he cable stem furr je was m	mation with rea not offered in o do not need to o nonsubscribe billed. If any ra o system for ea nished or offere nade or establis	spect to a combination give rate rs. Rate in tes are ch ch of the ed during	on with any seco information con nformation shou narged on a vari applicable servi the accounting	ondary trar cerning (1) Id include able per-pr ces listed. period that	nsmission) services both the rogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATI
	Continuing Services: Pay cable			tion: Non-resi el, hotel	dential				
	• Pay cable—add'l channel			nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	39.99		glar protection					
	 Additional set(s) FM radio (if separate rate) 			ervices: onnect		49.99			
	• Converter	5.00		connect		43.33			
		0.00		et relocation					
				e to new addre	ess	39.99			
	1								F

Name				FORM SA1-2E. PAGE
	LEGAL NAME OF OWNER O			SYSTEM ID
	CableSouth Media II	·		1002
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC f • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	(1) stations carried only on a part-til e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instructi ogram services such as HBO, ESF air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indepu- tions in the paper SA1-2 form. the community to which the station	me basis under ams [sections tions carried on a ostitute program og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNOE	6	N	Little Rock, AR
	KLAX	3	N	Little Rock, AR
Rows as Necessary	KLTM	7	Е	Little Rock, AR
	KALB	2	N	Little Rock, AR
	KAQY	4	N	Little Rock, AR
	KARD	5	I	Little Rock, AR
	KARD KLAX	5	I	Little Rock, AR El Dorado, AR
				El Dorado, AR
	KLAX	12	I N N I	

CableSouth	• OWNER OF (Media III, L		I U I LIWI.				,	SYSTEM I 100
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei It the Co sign of e he statio ion's sign g a checl n's locatio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM ante his point, see pag ed by the cable s e station is licens	adend, and (2) nna, during ce ge (v) of the ge ystem as a se sed by the FCC) it can b ertain sta eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
		0/0				6/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CableSouth Media III, I	LLC						10027
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
	In General: In space I, identi							
	substitute basis during the a	•••	•	•				
Substitute Carriage:	explanation of the programm	-			e general instru	ictions in the	e paper SA1-	2 torm.
Special	1. SPECIAL STATEMENT					huark talawi		-
Statement and	During the accounting per	-	i cable system	carry, on a substitute bas	is, any nonne			
Program Log	broadcast by a distant stat	tion ?				L	YES	
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			to line. Llee abbroviations	whorever per	aible if the	ir mooning is	
	In General: List each subst clear. If you need more spa				wherever pos		ir meaning is	•
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							n.
	"NBA Basketball: 76ers vs.	Bulls."				• •	,	
				"Yes." Otherwise enter "I sting the substitute progra				
		0		e community to which the		nsed by the	FCC or. in	
	the case of Mexican or Can	adian static	ons, if any, the o	community with which the	station is ider	itified).		
	Column 5: Give the mor first. Example: for May 7 gives		when your syst	em carried the substitute	program. Use	numerals,	with the mor	nth
			e substitute prod	gram was carried by your	cable svstem	List the tim	nes accurate	lv
	to the nearest five minutes.							.,
	stated as "6:00–6:30 p.m."	or "D" if tho	listed program	was substituted for progra	omming that w	our system	was require	d
	to delete under FCC rules a							
	was substituted for program	nming that y						
	effect on October 19, 1976.							
						EN SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	IAGE OCC 6. 1		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
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1							_	

Accounting Period:	2020/2	FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	CableSouth Media III, LLC		10027
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 a 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.	ission service	18
	COPYRIGHT ROYALTY FEE		
L 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 \$200 but less 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. 	263,800	
	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 t accounting period is \$52.00	his 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 \$137,1	00)	
	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		
	5. Royalty 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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) FAL	SE	
Duc	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the the second		

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNE CableSouth Media				SYSTEM ID# 10027
M Channels	to its subscribers, and 1. Enter the total num system carried tele	d (2) the cable system's to	otal numb	s on which the cable system carried television broadcast stations ber of activated channels during the accounting period. e	9
		e system carried televisior t services		st stations	172
N Individual to Be Contacted		CONTACTED IF FURTH t this statement of accour		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Cri	isty Workman		Telephon	e <u>731-686-9227</u>
	(Nun Mil	56 Jones Blvd nber, street, rural route, apartm lan, TN 38358 r, town, state, zip)	ent, or suit	e number)	
	Email	cworkman@swy	ftconnec	t.com Fax (optional	
O Certification	I, the undersigned, he (Owner other (Agent of or in line X (Officer or in line I have examined the s	er than corporation or particle of the corporation or particle of space B and that the partner) I am an officer (if e 1 of space B. statement of account and he do correct to the best of my 2001(1986)]	e, but only intnership ion or pa e owner is a corpora ereby dec knowledg X Enter an e	b) I am the owner of the cable system as identified in line 1 of space rtnership) I am the duly authorized agent of the owner of the cable not a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified as own lare under penalty of law that all statements of fact contained herein ge, information, and belief, and are made in good faith. /s/ Thomas Pate	B; or system as identified <i>n</i> er of the cable system
		Typed or printed	name: CFO	ature using an "/s/ signature" (e.g., /s/ John Smith) Thomas Pate position held in corporation or partnership)	
		Date:		3/1/2021	

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.

Dunting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
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
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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