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	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
·	ms (Short Form)		\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at:
	of this workbook	3/1/2021	ALLOCATION NUMBER	Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2020/2	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 subsidiary, not that of the parent corp		ary of another corporation, give the full corporation	orate title of
Owner	List any other name or names under whic	h the owner conducts the business of the	e cable system.	
	If there were different owners during the statement of account and royalty fee pays		e last day of the accounting period should sub od.	omit a single
	Check here if this is the system's first filing	g. If not, enter the system's ID number as	signed 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 (Number, street, rural route, apartment, or suite r	number)		
	Milan, TN 38358 (City, town, state, zip)			
	INSTRUCTIONS: In line 1, give any busin	ness or trade names used to iden	tify the business and operation of the	system unless these
C	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	1:		
	1056 Jones Blvd			
	2 (Number, street, rural route, apartment, or suite r Milan, TN 38358	number)		
	(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#
Name	CableSouth Media III, LLC	10029
D	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or m	d communities within unincorporated areas and including single, discrete will serve as a form of system identification hereafter known as the "first
Served	city.	
First	CITY OR TOWN Fordyce	STATE AR
community		
ws as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							SYS	TEM IC 1002
	CableSouth Media III, LL	.C							1002
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc	pace E should on of television ay cable) in sp (June 30 or D b blocks in spar transmission umber of billing ice at the rate harged for eac (Example: "\$2 ounts allowed	cover al and rad pace F, r ecembe ce E call service. gs in that indicated h catego 20/mth"). for adva	Il categories of tio broadcasts b not here. All the r 31, as the cas for the numbe In general, you t category (the d—not the num bry of service. I Summarize ar nce payment.	secondar by your sy facts you se may be r of subso u can com number o ber of set nclude bo ny standa	rstem to subscri a state must be a). The state must be apute the number f persons or org the receiving servent the amount of rd rate variation	bers. Give those exist ble system er of subsc ganizations vice). of the charg s within a p	i information ting on the n, broken ribers in c charged ge and the particular rate	
	Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted of Block 2: If your cable system I printed in block 1 (for example, t with the number of subscribers a sufficient.	to their subsc : Where an in should be cour- ble service to once again und has rate categoriers of services	ribers. C dividual nted as a additiona er "Serv pries for s that inc	Give the numbe or organization a subscriber in al sets would be ice to additiona secondary tran clude one or mo	r of subse is receiv each app e included I set(s)." smission ore secon	cribers and rate ing service that licable category l in the count un service that are dary transmission	for each li falls under . Example der "Servi e different f ons), list th	sted category r different : a residential ce to the from those uem, together	
	BLC	DCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter • Residential • Non-residential		96	31.35					
F Services Other Than Secondary Transmissions: 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 un 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 s 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 sys separate charg tion and includ	ber) infor that are ns: you nished to usually he cable stem fur le was m le the ra	mation with response of the second se	spect to a combination give rate rs. Rate in the 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-p ces listed. period that	nsmission ) services both the rogram basis, c were not e form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERV	ICE	RATE	CATEG	BLOCK 2	RATE
	Continuing Services:			tion: Non-resi			0,1120		1011
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>		• Con	el, hotel nmercial cable					
	•Burglar protection Installation: Residential • First set	39.99	• Pay • Fire	cable-add'l cha protection glar protection	annel				
	<ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>	5.00	Other s • Rec • Disc	ervices: onnect connect		49.99			
			• Out	et relocation					

ccounting Period: 2	2020/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O			SYSTEM ID
	CableSouth Media III PRIMARY TRANSMITTERS:	·		1002
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eaci educational station, by enter (for independent multicast) For the meaning of these to <b>Column 4:</b> 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 pro d with a station according to its over-the-	1) stations carried only on a part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain sta 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 instruct ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	me basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KETS	2	N	Little Rock, AR
	KARK	4	I	Little Rock, AR
Add Rows as Necessary	KASN	6	N	Little Rock, AR
	KATV	7	N	Little Rock, AR
	KLRT	8	Ν	Little Rock, AR
	KARZ	9	N	Little Rock, AR
	KTVE	10	N	El Dorado, AR
	ктну	11	N	Little Rock, AR
	KTVN	12	I	Little Rock, AR
	ккүк	13	I	Little Rock, AR

CableSouth	• OWNER OF ( Media III, L		. <b>.</b> . Lin.					SYSTEM I 100
	t every radio s	tation ca	rried on a separate and discrence of the second s					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, 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 ive the station	y the sys be recein the Consign of e he station ion's sign g a chech n's location	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In 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 FC0	) it can b ertain sta eneral in parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
SALL OIGH		5,0	LOOKHON OF STATION	UNEL UIGH		5,0	LOOMING OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CableSouth Media III, I	LLC						10029
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
	In General: In space I, identi	fy every nor	network televisi	on program, broadcast by	a <i>distant</i> statio	on, that you	r cable systen	n carried on a
	substitute basis during the a	• •	•	•				
Substitute Carriage:	explanation of the programm	-			e general Instru	uctions in th	ie paper SA1-	2 torm.
Special	1. SPECIAL STATEMENT							
Statement and	• During the accounting per	•	r cable system	carry, on a substitute bas	is, any nonne	twork telev		
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 complet	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			to line. Lice abbroviations	whorever per	sible if the	oir mooning is	
	clear. If you need more spa				wherever pos		an meaning is	<b>,</b>
	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."					<b>,</b>	
				· "Yes." Otherwise enter "I sting the substitute progra				
		0		e community to which the		nsed by the	e FCC or, in	
	the case of Mexican or Can	adian static	ons, if any, the o	community with which the	station is ider	ntified).		
	<b>Column 5:</b> 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 proc	gram was carried by your	cable svstem.	. List the tir	nes accurate	lv
	to the nearest five minutes.							.,
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that w	our oveter	waa raquira	d
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
			E PROGRAM			EN SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	1	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
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		+			.			
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1								

Accounting Period:	2020/2	FORM SA1	I-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	CableSouth Media III, LLC		10029
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	02
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>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.</li> </ul>	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)		
			0.00
	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		
	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	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	SE	
Due	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 m		

Accounting Period:	2020/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABL CableSouth Media III, LLC	LE SYSTEM:		SYSTEM ID# 10029
M Channels	to its subscribers, and (2) the ca 1. Enter the total number of cha	able system's total numb	s on which the cable system carried television broadcast stations ber of activated channels during the accounting period.	10
	<ol> <li>Enter the total number of active on which the cable system cat and nonbroadcast services .</li> </ol>	arried television broadca	st stations	. 132
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACT we can contact about this stater		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Cristy Wor	rkman	Telephon	31-686-9227
	Address 1056 Jones (Number, street, n Milan, TN 3 (City, town, state,	rural route, apartment, or suite 38358	e number)	
	Email cwo	vorkman@swyftconnec	t.com Fax (optional	
O Certification	I, the undersigned, hereby certify     (Owner other than cor     (Agent of owner other     in line 1 of space     X     (Officer or partner) I a     in line 1 of space     I have examined the statement of	y that (Check one, <i>but only</i> proporation or partnership r than corporation or pa re B and that the owner is am an officer (if a corpora re B. of account and hereby dec o the best of my knowledg Corporation or pa Marcology Marcology Corporation or partnership r than corporation or pa r than	fied and signed in accordance with Copyright Office regulations) <i>r one</i> , of the boxes.) ) I am the owner of the cable system as identified in line 1 of space <b>rtnership</b> ) I am the duly authorized agent of the owner of the cable not a corporation or partnership; or tion) or a partner (if a partnership) of the legal entity identified as ov lare under penalty of law that all statements of fact contained hereir te, information, and belief, and are made in good faith. /s/ Thomas Pate lectronic signature on the line above to certify this statement. ature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified mer of the cable system
	Typ		Thomas Pate	
	Dat		position held in corporation or partnership) 3/1/2021	

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ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
bleSouth Media III, LLC	1002
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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 sub scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	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.	<b>Q</b>
	Q
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	Interest Assessmen
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	Lays
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	Interest Assessmen
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	Lays
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	
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	
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	
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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	
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	

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