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	- МТ	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT		
Cable System General instruct in the first tab o	ms (S	Short Form)	3/1/2021		<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACC	OUNTING PERIOD COVERED B	BY THIS STATEMENT: (YY	YYY/(Period))		
		2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
			Barcode Data Filing Period (optiona	I - see instructions)		
Accounting Period						
B Owner		the subsidiary, not that of the parent corpo List any other name or names under which	the owner conducts the business of th ccounting period, only the owner on ti	he last day of the accounting period should sub		
		Check here if this is the system's first filing.			1836	
	<u> </u>	LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM			
		CableSouth Media III, LLC				
	<u> </u>	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT))		
		MAILING ADDRESS OF OWNER OF O				
		(Number, street, rural route, apartment, or suite nu Milan, TN 38358				
		(City, town, state, zip)				
C				ntify the business and operation of the e system, if different from the address	2	
System	1	IDENTIFICATION OF CABLE SYSTEM: Swyft Connect, LLC				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	1056 Jones Blvd (Number, street, rural route, apartment, or sulte nu Millop TN 29259	imber)			
		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	1836
D Area	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 will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobility	ommunities within unincorporated areas and including single, discrete Il serve as a form of system identification hereafter known as the "first
Served	city.	
Fired	CITY OR TOWN Jonesville	STATE LA
First Community	Catahoula	LA
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	
	CableSouth Media III, LL	_C							183
Е	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission	pace E should on of television	cover a and rad	Il categories of s lio broadcasts by	econdar y your sy	stem to subscri	bers. Give	information	
Secondary Transmission Service: Sub- scribers and Rates	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 Block 1: In the left-hand block systems most commonly provide that applies to your system. Not	I (June 30 or D b blocks in spa y transmission umber of billing ice at the rate harged for eac . (Example: "\$2 ounts allowed in space E, th e to their subsc e: Where an in	ecembe ce E call service. gs in that indicated th catego 20/mth"). for adva e form li cribers. C dividual	r 31, as the case I for the number In general, you t category (the n d—not the numb ory of service. In . Summarize any ince payment. sts the categorie Give the number or organization i	e may be of subso can com umber o per of set iclude bo y standar es of sec of subso is receivi	e). Solution of the set of the	ble system er of subsci janizations vice). of the charg s within a p ssion servio for each lis falls under	, broken ribers in charged ge and the particular rate ce that cable sted category different	
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ble service to a once again und has rate catego iers of services	additiona er "Serv ories for s that inc	al sets would be ice to additional secondary trans clude one or mor	included set(s)." mission re secon	l in the count un service that are dary transmissio	der "Servio different f ons), list th	ce to the rom those em, together	
	BLC	DCK 1	· · · · ·				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		71	31.35					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Iransmissions: 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 s brief (two- or three-word) descrip	te (not subscrit hose services re two exceptio or facilities furn it in which it is rate column. te charged by t sour cable system separate charge	ber) infor that are ns: you nished to usually he cable stem furn ge was m	rmation with resp not offered in cc do not need to g o nonsubscribers billed. If any rate e system for each nished or offered nade or establish	ombinatio jive rate s. Rate ir es are ch h of the a d during	on with any seco information con nformation shou narged on a vari applicable servi the accounting	ondary tran cerning (1) Id include I able per-pr ces listed. period that	asmission services both the rogram basis, were not	
		BLO		001/050501			0.750	BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERVI		RATE	CATEGO	DRY OF SERVICE	RATE
	Pay cable			el, hotel	entiui				
	• Pay cable—add'l channel			nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection			cable-add'l chai	nnel				
	Installation: Residential			protection					
	First set	39.99		glar protection					
	 Additional set(s) FM radio (if separate rate) 			ervices:		49.99			
	• Converter	5.00		connect		43.33			
		0.00		let relocation					
				/e to new addres	s	39.99			
	1		1						

counting Period: 2	2020/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM II
	CableSouth Media III	, LLC		183
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste FCC rules and regulations	entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the	(1) stations carried only on a part-ti e carriage of certain network progra	me basis under ams [sections
Primary Transmitters:		e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain sta	tions carried on a
Television		s: With respect to any distant stations car	rried by your cable system on a sul	bstitute program
	• Do not list the station her station was carried only or			
	basis. For further informati Column 1: List each static	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-	see page (v) of the general instruct ogram services such as HBO, ESF	ions. PN, etc. Identify each
	"WETA-2" as the same on Column 2: Give the chann	5	C 1 1 1	
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these the Column 4: Give the location	h case whether the station is a network si ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. the community to which the station	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
	KALB	2	N	Alexandria, IL
	KLAX	3	N	Alexandria, IL
Add Rows as Necessary	KAQY	4	N	Alexandria, IL
	KARD	5	<u>I</u>	Monroe, LA
	KNOE	6	Ν	Monroe, LA
	KLAX	12	Ι	Monroe, LA
	KNOE	9	N	Monroe, LA
	KLTM	7	E	Monroe, LA
		· · · · · · · · · · · · · · · · · · ·	_	
			E	

CableSouth	• OWNER OF (Media III, L		YSTEM:					SYSTEM 18
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify 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. In is AM or FM. hal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pag ed by the cable s he 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	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
		1		1 -		1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1						

Accounting Perio							FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CableSouth Media III, I	LLC						1836
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
	In General: In space I, identi							
Substitute	substitute basis during the ad explanation of the programm	• •	•	•				
Carriage:	1. SPECIAL STATEMENT	-			general motio			
Special	During the accounting per				is. anv nonne	twork televis	sion progran	n
Statement and Program Log	broadcast by a distant stat	•	· · · · · · · · · · · · · · · · · · ·		, ,	Γ	YES	NO
l rogium 20g			root of this nos	a blank. If your anowar is	"Voo." vou mu			
	Note: If your answer is "No	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ust complete	e the program	TTI
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst	titute progra	im on a separa		wherever pos	sible, if thei	ir meaning is	6
	clear. If you need more spa				program") the	t during the		
	period, was broadcast by a			sion program ("substitute ur cable system substitute				
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instructio	ns for furthe	er information	
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, enter	"Yes." Otherwise enter "N	No."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	ım.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			with the mor	nth
	first. Example: for May 7 giv		5 5					
	to the nearest five minutes.			gram was carried by your				ly
	stated as "6:00–6:30 p.m."		a program carne	ed by a system norm 0.01.	15 p.m. to 0.2	.o.ou p.m. s		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	• •	our system wa					
					WHE	EN SUBSTI	TUTE	
	s				1	IAGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— ТО	
							_	
							_	
							_	
							_	
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							_	+
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							_	
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1	r			r 	1	r		T

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	CableSouth Media III, LLC		1836
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	08
	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 \$2 be 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 th 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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	SE	
	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 mo		

Accounting Period:	2020/2			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE CableSouth Media III, LLC	E SYSTEM:		SYSTEM ID# 1836
M Channels	to its subscribers, and (2) the cal 1. Enter the total number of char	able system's total numb	s on which the cable system carried television broadcast station: er of activated channels during the accounting period.	. 8
	2. Enter the total number of activ on which the cable system can and nonbroadcast services	arried television broadca	st stations	. 172
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTI we can contact about this statem		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Cristy Work	kman	Telephon	a <u>731-686-9227</u>
	Address 1056 Jones (Number, street, ru Milan, TN 3 (City, town, state, z	rural route, apartment, or suite 38358	e number)	
	Email cwo	orkman@swyftconnec	t.com Fax (optional	
O Certification	 I, the undersigned, hereby certify t (Owner other than corp (Agent of owner other than in line 1 of space X (Officer or partner) I at in line 1 of space I have examined the statement of 	r that (Check one, <i>but only</i> rporation or partnership r than corporation or par e B and that the owner is am an officer (if a corpora e B. f account and hereby dec b the best of my knowledg the best of my knowledg Enter an e	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 rtnership) 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 ow lare under penalty of law that all statements of fact contained herein e, 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)	B; or system as identified /ner of the cable system
	Typ	e: CFO	Thomas Pate	
	Date	te:	3/1/2021	

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unting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
eSouth Media III, LLC	1836
 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 Mailing Address	
INTEREST ASSESSMENT	
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
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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