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			
1/19/2021	\$ 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						
Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
		Darcode Data Filling 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					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM					
		Arkwest Communications, Inc.					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		P.O Box 699, 205 East 7th Street					
		(Number, street, rural route, apartment, or suite number)					
		Danville, AR 72833					
		(City, town, state, zip)					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
_	Hallies						
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM:					
		MAILING ADDRESS OF CADLE STOLEM.					
	2	(Number, street, rural route, apartment, or suite number)					
	1	(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.

Area Served CITY OR TOWN Belleville Belleville Belleville Bus Mountain AR Blue Mountain A "community" is the same as a "community unit" as defined in FCC rule as the "first community on 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 identified city. CITY OR TOWN STATE AR Blue Mountain AR		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM ID
Instructions: List each separate community served by the cable system. A "community" is the same as a "community as defined in FCC rule "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 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 identified city. CITY OR TOWN STATE Danville AR Blue Mountain AR Blue Mountain AR Casa AR Havana AR Logan County AR Magazine AR Ola AR Perry County AR Plainview AR Rover AR Waveland AR Waveland AR Vell County AR	Name		
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including singled 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 identified city. CITY OR TOWN STATE Danville AR Blue Mountain AR Blue Mountain AR Casa AR Havana AR Logan County AR Magazine Ola AR Perry County AR Perry County AR Plainview AR Rover Waveland Yell County AR			
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 identified city. CITY OR TOWN	_		
Area Served Area Served S	D		
Area Served identified city. CITY OR TOWN STATE First Community Belleville AR Blue Mountain AR Casa AR Havana AR Logan County AR Magazine AR Ola AR Perry County AR Perry County AR Rowse AR Perry County AR Perry County AR Perry County AR Rower AR Rover AR Waveland AR Waveland AR Yell County AR			,
Served Identified city. City or Town	A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
CITY OR TOWN STATE		identified city.	
First Danville AR Community Belleville AR Blue Mountain AR Rows as Necessary Bluffton AR Casa AR Havana AR Logan County AR Magazine AR Ola AR Perry County AR Perry County AR Rover AR Waveland AR Yell County AR	00.100		
First Danville AR Community Belleville AR Blue Mountain AR Rows as Necessary Bluffton AR Casa AR Havana AR Logan County AR Magazine AR Ola AR Perry County AR Perry County AR Rover AR Waveland AR Yell County AR			
Rows as Necessary Rows as Nece			
Blue Mountain AR Bluffton AR Casa AR Havana AR Logan County AR Magazine AR Ola AR Perry County AR Plainview AR Rover AR Waveland AR Yell County AR			
Rows as Necessary Bluffton AR Casa AR Havana AR Logan County AR Magazine AR Ola AR Perry County AR Plainview AR Rover AR Waveland AR Yell County AR	Community	L	
Casa AR Havana AR Logan County AR Magazine AR Ola AR Perry County AR Plainview AR Rover AR Waveland AR Yell County AR			
Havana AR Logan County AR Magazine AR Ola AR Perry County AR Plainview AR Rover AR Waveland AR Yell County AR	Rows as Necessary		
Logan County AR Magazine AR Ola AR Perry County AR Plainview AR Rover AR Waveland AR Yell County AR		harring and the same and the sa	
Magazine AR Ola AR Perry County AR Plainview AR Rover AR Waveland AR Yell County AR			
Ola AR Perry County AR Plainview AR Rover AR Waveland AR Yell County AR			
Perry County AR Plainview AR Rover AR Waveland AR Yell County AR			
Plainview AR Rover AR Waveland AR Yell County AR		L	
Rover AR Waveland AR Yell County AR			
Waveland AR Yell County AR			
Yell County AR			
Scott County AR AR AR AR AR AR AR AR AR A			
		Scott County	AR

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Arkwest Communications, Inc.

SYSTEM ID# 002596

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,710	14.95	Basic	848	38.95	
 Service to additional set(s) 			Expanded Basic	834	17.75	
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		1 Movie Pkg	12.95
 Pay cable—add'l channel 		Commercial		2 Movie Pkg	25.90
 Fire protection 		• Pay cable		3 Movie Pkg	38.85
•Burglar protection		Pay cable-add'l channel		4 Movie Pkg	51.80
Installation: Residential		Fire protection		Add'l cloud storage	2.50
• First set		Burglar protection		Add'l Streams	2.00
Additional set(s)		Other services:			
 FM radio (if separate rate) 		Reconnect	20.00		
Converter		Disconnect			
		Outlet relocation	61.75		
		 Move to new address 	87.75		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 002596

G

Primary Transmitters: Television

Arkwest Communications, Inc.
PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KARK-HD	32.1	N-M	Little Rock, AR
KARK-2	32.2	N-M	Little Rock, AR
KARK-3	32.3	N-M	Little Rock, AR
KARZ-2	44.2	I-M	Little Rock, AR
KARZ-HD	44.1	I-M	Little Rock, AR
KARZ-3	44.3	I-M	Little Rock, AR
KASN-HD	34.1	I-M	Pine Bluff, AR
KATV-2	22.2	N-M	Little Rock, AR
KATV-3	22.3	N-M	Little Rock, AR
KATV-HD	22.1	N-M	Little Rock, AR
KATV-4	22.4	N-M	Little Rock, AR
KETS-2	7.2	E	Little Rock, AR
KETS-3	7.3	E-M	Little Rock, AR
KETS-HD	7.1	E-M	Little Rock, AR
KLRT-HD	30.1	N-M	Little Rock, AR
KLRT-2	30.2	N-M	Little Rock, AR
KMYA-HD	49.1	I-M	Camden, AR
KTHV-HD	12.1	N-M	Little Rock, AR
KTHV-2	12.2	N-M	Little Rock, AR
KTHV-3	12.3	N-M	Little Rock, AR
KTHV-4	12.4	N-M	Little Rock, AR

Accounting Period:	: 2020/2			FORM SA1-2E. PAGE 3.
Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
Name	Arkwest Communica	ations, Inc.		002596
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	lentify every television station (including em during the accounting period, excel	ot (1) stations carried only on a part-tir	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station : basis under specific FCC r	in effect on June 24, 1981, permitting (e)(2) and (4), or 76.63 (referring to 76. as explained in the next paragraph. s: With respect to any distant stations crules, regulations, or authorizations: re in space G—but do list it in space I (a. a. substitute basis	61(e)(2) and (4))]; and (2) certain static	ons carried on a
	List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the locatic column 4: Give the locatic column 4: Give the locatic column 4: List each station column 4: Give the locatic column 4: Give th	also in space I, if the station was carri- tion concerning substitute basis stations on's call sign. <i>Do not</i> report origination and with a station according to its over-th	s, see page (v) of the general instruction program services such as HBO, ESPI ne-air designation. For example, report levision station for broadcasting over the station, an independent station, or a station retwork multicast), "I" (for independent education or "E-M" (for noncommercial education ructions in the paper SA1-2 form.	ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

002596

Arkwest Communications, Inc.

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

Accounting Perio	od: 2020/2					FOR	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF Arkwest Communicati		TEM:				SYSTEM ID# 002596
Substitute Carriage: Special Statement and Program Log	Arkwest Communicati SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT During the accounting per broadcast by a distant stat Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can	ing that mu CONCEF iod, did you tion? ", leave the PROGRA itute progra ce, please of every no distant star gulations, o ies like "mo Bulls." n was broa sign of the adcast stati- addian stati- att and day	AL STATEME nnetwork televi eriod, under sp st be included i RNING SUBS ur cable syster erest of this pa am on a separa and additional and that you or authorization ovies" or "bask dcast live, ente station broadc on's location (tons, if any, the	ision program, broadcast by secific present and former F in this log, see page (v) of the triple of triple of the triple of tr	or a distant state CC rules, reghe general instant sis, any nonres "Yes," you reserved for the properation instruct am titles, for each to a station is like estation is ide	network television programming of another cions for further informexample, "I Love Lucy" teensed by the FCC or lentified).	stem carried on a ons. For a further SA1-2 form. gram NO gram ng is nting station ation. " or
	to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	Example: a er "R" if the and regulati nming that y	a program carr listed progran	n was substituted for prog luring the accounting perio as permitted to delete und	l:15 p.m. to 6 ramming that d; enter the l ler FCC rules WHE	5:28:30 p.m. should be t your system was <i>req</i> letter "P" if the listed p	uired rogram 7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO —	DELETION

2020/2			FORM S	A1-2E. PAGI
LEGAL NAME OF OWNER OF CABLE SYSTEM: Arkwest Communications, Inc.			S	YSTEM II 0025
all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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.	ystem's see	condary transmocompute this	nission service amount, see	0,852.98 oss receipts)
Use block 3 if the amount of gross receipts in space K is more than \$263,800 b	out less tha	n \$527,600	263,800	
BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR L	ESS		
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that yo	ou must pay for	this six-mon	
Line 1. Royalty fee for accounting period				
				0.00
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	es 1 and 2			
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	re than \$137,1	100)	
-		•	_	
-			_	
3. Subtract line 2 from line 1	\$		=	
			150,852.98	
5. Enter the amount from line 3				
6. Subtract line 5 from line 4		\$	37,905.96	
7. Multiply line 6 by .005 (enter figure here)			\$	189.53
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		\$	189.53
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	,800 (but I	ess than \$527	,600)	
Enter the amount of gross receipts from space K			_	
Base amount under statutory formula	\$	263,800.00	_	
3. Subtract line 2 from line 1			_	
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 DUI	E			
4 Develte For Develte for Association Device (form District A Company)		\$	189.53	
1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)				
Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) Filling Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
			20.00	209.53
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Arkwest Communications, Inc. GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the st (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts in the paper SA1-2 form of the statement of gross receipts in space K is \$137,100 or less 1 Use block 1 if the amount of gross receipts in space K is more than \$137,100 to 1 use block 2 if the amount of gross receipts in space K is more than \$137,100 to 1 use block 3 if the amount of gross receipts in space K is more than \$137,100 to 1 use block 3 if the amount of gross receipts in space K is more than \$137,100 to 1 use block 3 if the amount of gross receipts in space K is more than \$253,800 to 1 use block 3 if the amount of gross receipts in space K is more than \$253,800 to 1 use block 3 if the amount of gross receipts of \$137,100 or less, the royalty accounting period is \$52,00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add line BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES 1. Base amount under statutory formula 2. Enter amount of gross receipts from space K 3. Subtract line 2 from line 1 4. Enter the amount 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 3. Subtract line 2 from line 1 4. Multiply line 3 by .01 5. Royalty due on the first \$	LEGAL NAME OF OWNER OF CABLE SYSTEM: Arkwest Communications, Inc. GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's see (as identified in space E) during the accounting period. For a further explanation of how to page (iii) 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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$263,800 but less tha * Use block 2 if the amount of gross receipts in space K is more than \$263,800 but less tha * See page (vi) of the general instructions located in the paper SA1-2 form for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR L Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo 1. Base amount under statutory formula \$ 2. Enter amount of gross receipts from space K \$ 3. Subtract line 2 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but 1) 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula \$ 3. Subtract line 2 from line 1 4. Multiply line 3	LEGAL NAME OF OWNER OF CABLE SYSTEM: Arkwest Communications, Inc. GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmic (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vil) 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. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 fithe amount of gross receipts in space K is more than \$137,100 or less. Use block 1 fithe amount of gross receipts in space K is more than \$233,800 but less than or equal to \$10 use bits fith the amount of gross receipts pased K is more than \$233,800 but less than \$527,600 See page (vil) of the general instructions located in the paper SA1-2 form for more information. BILD (X 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 accounting period is \$52.00 Line 1. Royalty fee for accounting period. Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 1.) 1. Base amount under statutory formula \$263,800.00 2. Enter the amount of gross receipts from space K. \$150,852.98 3. Subtract line 2 from line 4. \$263,800.00 4. Enter the amount of gross receipts from space K. \$40. \$50,000.00 50. \$50,000.00 50. \$50,000.00 50. \$50,000.00 50. \$50,000.00 50. \$50,000.00 50. \$50,000.00 50. \$50,000.00 50. \$50,000.00 50. \$50,000.00 50. \$50,000.00 50. \$50,000.00 50. \$50,000.00 50. \$	LEGAL NAME OF CONNER OF CABLE SYSTEM: Arkwest Communications, Inc. GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space £) during the accounting period. For a further explanation of how to compute this amount, see page (vil) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. COPYRIGHT ROYALTY FEE Instructions: To compute the royally fee you owe: - COPYRIGHT ROYALTY FEE Instructions: To compute the royally fee you owe: - Complete block 1, flock 2, or block 3 Use block 2 if the amount of gross receipts in space K is more than \$225,800 but less than or equal to \$283,800 - Use block 3 if the amount of gross receipts in space K is more than \$225,800 but less than \$257,600 See page (vi) of the general instructions located in the paper SA1-2 from for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royally fee that you must pay for this six-mon accounting period is \$52.00 Line 1. Royalty fee for accounting period . Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula . \$ 283,800.00 2. Enter the amount of gross receipts from space K \$ 150,852.98 3. Subtract line 2 from line 1 \$ 112,947.02 4. Enter the amount of gross receipts from space K \$ 150,852.98 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 . \$

Accounting Period:	: 2020/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Arkwest Communications, Inc.	SYSTEM ID# 002596
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carrie to its subscribers, and (2) the cable system's total number of activated channels during the	
	Enter the total number of channels on which the cable system carried television broadcast stations	21
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	185
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify as we can contact about this statement of account.)	n individual to whom
for Further Information	Name Stacey Lane	Telephone
	Address 205 E. 7th Street (Number, street, rural route, apartment, or suite number) Danville, AR 72833 (City, town, state, zip)	
	Email staceylane@arkwest.com	Fax (optional)
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system (Agent of owner other than corporation or partnership) I am the duly authorize	em as identified in line 1 of space B; or
	in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) in line 1 of space B.	of the legal entity identified as owner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all s are true, complete, and correct to the best of my knowledge, information, and belief, and are [18 U.S.C., Section 1001(1986)]	
	Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g.,	
	Typed or printed name: Tom May	
	Title: President & General Manager (Title of official position held in corporation or partnership)	
	Date:	1/15/2021

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.

ounting Period: 2020/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
xwest Communications, Inc.	002596
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.	P Special Statement Concerning Gross Receipts Exclusion
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? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served Accounting period	

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