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	NT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
	y Transmissions by	DATE RECEIVED	AMOUNT	
-	ns (Short Form) tions are located of this workbook	2-16-21	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YYY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional	I - see instructions)	
Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full corpo	prate title
Owner	List any other name or names under whic	h the owner conducts the business of th	ne cable system.	
	If there were different owners during the single statement of account and royalty fe		he last day of the accounting period should sub ing period.	omit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	63415
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	United Communications Inc BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	)	
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		

		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		120 Taylor Street (Number, street, rural route, apartment, or suite number)
		Chapel Hill, TN 37034 (City, town, state, zip)
С		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
	I	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite 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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGI SYSTEM I
Name		
	United Communications Inc	634
_	Instructions: List each separate community served by the cable system. A "community" i	
D	"a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated errors) " 47.0 F. B76.5 (dd). The first community that you list with	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list with the second seco	ill serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Marshall	TN
Community	Moore	TN
····,		
	Rutherford	TN
d Rows as Necessary	Williamson	TN
	Franklin	TN
	Bedford	TN
	Chapel Hill	TN
	Davidson	TN
	Bell Buckle	TN
	Estill Springs	TN
	Nolensville	TN
	Nashville	TN
	Brentwood	TN
	Unionville	TN
	Belfast	TN
	College Grove	TN
	Fosterville	TN
	Flat Creek	TN
	Raus	TN
		TN
	Eagleville	
	Thompson Station	TN
	Shelbyville	TN
	Arrington	TN
	Smyrna	TN
	Petersburg	TN
	Lewisburg	TN
	Columbia	TN
	Unincorporated Unnamed Areas Within:	
	Franklin County	TN
	Marshall County	TN
	Williamson County	TN
	Davidson County	TN
	Rutherford County	TN
	Bedford County	TN
	Maury County	TN

	LEGAL NAME OF OWNER OF C							FORM SA1	
Name	United Communication								634
		5 1110							
Е	SECONDARY TRANSMISSION								
<b>L</b>	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmissi about other services (including particular services)					•			
Transmission	last day of the accounting period	• • •			•			g en me	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondar	•		-		•			
Rales	each category by counting the n separately for the particular service	-		•••				scharged	
	Rate: Give the standard rate of					-	,	ge and the	
	unit in which it is generally billed	· · ·	,			rd rate variation	s within a	particular rate	
	category, but do not include disc					ondary transmis		ico that cable	
	<b>Block 1:</b> In the left-hand block systems most commonly provide			•		•			
	that applies to your system. <b>Not</b>								
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count ur	ider "Serv	ce to the	
	first set" and would be counted of Block 2: If your cable system	•			• • •	service that are	different	from those	
	printed in block 1 (for example, t	-		-					
	with the number of subscribers a					•			
	sufficient.				1				
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	<u> </u>
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATE	GORY OF SER	VICE	SUBSCRIBERS	RA
	Residential:				_				
	<ul> <li>Service to first set</li> </ul>		,839			led Tier 2		1,781	41
	<ul> <li>Service to additional set(s)</li> </ul>	3	,968	4.95	Digital	Tier 3		1,121	14
	• FM radio (if separate rate)				HBO			150	16
	Motel, hotel				Cinema			82	10.
	Commercial					me/TMC		89	14.
	Converter				Starz			141	13
	Residential				Encore			140	13
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISSIO	NS: RATE	S				
F	In General: Space F calls for ra					all your cable sys	stem's ser	vices that were	
F	not covered in space E, that is,					•			
Services	service for a single fee. There a furnished at cost or (2) services								
Other Than	amount of the charge and the u	hit in which it is	usually bill		lates are cl	narged on a vari			
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the	rate column.	-			-			
Other Than Secondary ransmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard ra	rate column. te charged by th	ne cable sy		each of the	applicable servi	ces listed.		
Other Than Secondary	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha	rate column. te charged by th t your cable sys	ne cable sy tem furnis	ned or offe	each of the ered during	applicable servi	ces listed. period tha	t were not	
Other Than Secondary ransmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard ra	rate column. te charged by th t your cable sys separate charge	ne cable sy tem furnis e was mad	hed or offe e or estab	each of the ered during	applicable servi	ces listed. period tha	t were not	
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by th t your cable sys separate charge ption and include	ne cable sy tem furnis e was mad e the rate f	hed or offe e or estab	each of the ered during	applicable servi	ces listed. period tha	t were not e form of a	
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by th t your cable sys separate charge ption and includ BLOC	ne cable sy tem furnis e was mad e the rate f	ned or offe e or estab or each.	each of the ered during lished. List	applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by th t your cable sys separate charge otion and includ BLOC RATE	ne cable sy tem furnis e was mad e the rate f	hed or offe e or estab or each. Y OF SER	each of the ered during lished. List	applicable servi	ces listed. period tha vices in th	t were not e form of a	RA
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by th t your cable sys separate charge otion and includ BLOC RATE	ne cable sy tem furnis e was mad e the rate f K 1 CATEGOR	hed or offe e or estab for each. Y OF SER h: <b>Non-res</b>	each of the ered during lished. List	applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RA
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by th t your cable sys separate charge otion and includ BLOC RATE	ne cable sy tem furnis e was mad e the rate f K 1 CATEGOR	ned or offe e or estab for each. Y OF SER n: Non-res	each of the ered during lished. List	applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RA
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by th t your cable sys separate charge otion and includ BLOC RATE	ne cable sy tem furnis e was mad e the rate f K 1 CATEGOR nstallation • Motel, I	ned or offe e or estab for each. <u>Y OF SER</u> <b>n: Non-res</b> notel ercial	each of the ered during lished. List	applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by th t your cable sys separate charge otion and includ BLOC RATE	ne cable sy tem furnis e was mad e the rate f K 1 CATEGOR • Motel, f • Comme • Pay ca	ned or offe e or estab for each. <u>Y OF SER</u> <b>n: Non-res</b> notel ercial	each of the ered during lished. List RVICE sidential	applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RAT
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. te charged by th t your cable sys separate charge otion and includ BLOC RATE	ne cable sy tem furnis e was mad e the rate f K 1 CATEGOR • Motel, f • Comme • Pay ca	ned or offe e or estab for each. <u>Y OF SER</u> <b>n: Non-res</b> notel ercial ple-add'l c	each of the ered during lished. List RVICE sidential	applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RA
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	rate column. te charged by th t your cable sys separate charge otion and includ BLOC RATE	ne cable sy tem furnis e was made the rate f K 1 CATEGOR • Motel, I • Comme • Pay cal • Pay cal • Fire pro	ned or offe e or estab for each. <u>Y OF SER</u> <b>n: Non-res</b> notel ercial ple-add'l c	each of the ered during lished. List RVICE sidential	applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RA
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	rate column. te charged by th t your cable sys separate charge btion and includ BLOC RATE	ne cable sy tem furnis e was made the rate f K 1 CATEGOR • Motel, I • Comme • Pay cal • Pay cal • Fire pro	ned or offe e or estab for each. <u>Y OF SER</u> <b>n: Non-res</b> notel ercial ole-add'l c otection protection	each of the ered during lished. List RVICE sidential	applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RA
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	rate column. te charged by th t your cable sys separate charge btion and includ BLOC RATE	ne cable sy tem furnis e was made the rate f K 1 CATEGOR • Motel, I • Comme • Pay cal • Pay cal • Fire pro • Burglar	hed or offe e or estab for each. <u>Y OF SER</u> <b>h: Non-res</b> hotel ercial ble ble-add'I c ble-add'I c protection <b>rices:</b>	each of the ered during lished. List RVICE sidential	applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RA
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection Installation: Residential • First set • Additional set(s)	rate column. te charged by th t your cable sys separate charge btion and includ BLOC RATE	ne cable sy tem furnis e was made the rate f K 1 CATEGOR • Motel, f • Comme • Pay cal • Pay cal • Fire pro • Burglar	hed or offe e or estab for each. <u>Y OF SER</u> <b>n: Non-res</b> notel ercial ole-add'l cl otection protectior <b>rices:</b> nect	each of the ered during lished. List RVICE sidential	applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RA
Other Than Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by th t your cable sys separate charge btion and includ BLOC RATE	ne cable sy tem furnis e was made the rate f K 1 CATEGOR • Motel, f • Comme • Pay cal • Pay cal • Pay cal • Fire pro • Burglar Other serv • Reconr • Discon	hed or offe e or estab for each. <u>Y OF SER</u> <b>n: Non-res</b> notel ercial ole-add'l cl otection protectior <b>rices:</b> nect	each of the ered during lished. List RVICE sidential	applicable servi the accounting these other ser	ces listed. period tha vices in th	t were not e form of a BLOCK 2	RA

	2020/2			FORM SA1-2E. P/					
ime	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEN					
	United Communicati	ons Inc		63					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable syste FCC rules and regulations	entify every television station (including om during the accounting period, excep in effect on June 24, 1981, permitting t	t (1) stations carried only on a part he carriage of certain network prog	time basis under rams [sections					
mary mitters:		(e)(2) and (4), or 76.63 (referring to 76.0 as explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain st	ations carried on a					
vision		<b>s:</b> With respect to any distant stations of	arried by your cable system on a su	ubstitute program					
	basis under specific FCC rules, regulations, or authorizations:								
	• Do <i>not</i> 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 <i>only</i> on a substitute basis.								
		also in space I, if the station was carrie							
		on concerning substitute basis stations on's call sign. <i>Do not</i> report origination							
		ed with a station according to its over-th	e-air designation. For example, rep	port multistream					
	"WETA-2" as the same on <b>Column 2:</b> Give the chann	the form. The number the FCC assigned to the tel	evision station for broadcasting ove	r the air in its community					
		VRC is channel 4 in Washington, D.C.							
		h case whether the station is a network ering the letter "N" (for network), "N-M"	•						
	(for independent multicast	), "E" (for noncommercial educational),	or "E-M" (for noncommercial educa						
		erms, see page (iv) of the general instr on of each station. For U.S. stations, lis		n is licensed by the					
		adian stations, if any, give the name of	•	-					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WKRN	2	<u>N</u>	Nashville					
	WZTV	17	<u>N</u>	Nashville					
as Necessary	WSMV	4	N	Nashville					
	WTVF	5	N	Nashville					
	WNPT	8	<u> </u>	Nashville					
	NPT2	8.2	Ν	Nashville					
	NPT2 WNAB	8.2 58	N N						
				Nashville					
	WNAB	58	N	Nashville Nashville					
	WNAB WUXP	58 30	N	Nashville Nashville Nashville					
	WNAB WUXP WKRN (MeTV)	58 30 2.2	N N N-M	Nashville Nashville Nashville Nashville					
	WNAB WUXP WKRN (MeTV)	58 30 2.2	N N N-M	Nashville Nashville Nashville Nashville					
	WNAB WUXP WKRN (MeTV)	58 30 2.2	N N N-M	Nashville Nashville Nashville Nashville					
	WNAB WUXP WKRN (MeTV)	58 30 2.2	N N N-M	Nashville Nashville Nashville Nashville					
	WNAB WUXP WKRN (MeTV)	58 30 2.2	N N N-M	Nashville Nashville Nashville Nashville					
	WNAB WUXP WKRN (MeTV)	58 30 2.2	N N N-M	Nashville Nashville Nashville Nashville					
	WNAB WUXP WKRN (MeTV)	58 30 2.2	N N N-M	Nashville Nashville Nashville Nashville					
	WNAB WUXP WKRN (MeTV)	58 30 2.2	N N N-M	Nashville Nashville Nashville Nashville					
	WNAB WUXP WKRN (MeTV)	58 30 2.2	N N N-M	Nashville Nashville Nashville Nashville					
	WNAB WUXP WKRN (MeTV)	58 30 2.2	N N N-M	Nashville Nashville Nashville Nashville					
	WNAB WUXP WKRN (MeTV)	58 30 2.2	N N N-M	Nashville         Nashville         Nashville         Nashville         Nashville					
	WNAB WUXP WKRN (MeTV)	58 30 2.2	N N N-M	Nashville         Nashville         Nashville         Nashville         Nashville					
	WNAB WUXP WKRN (MeTV)	58 30 2.2	N N N-M	Nashville Nashville Nashville Nashville					
	WNAB WUXP WKRN (MeTV)	58 30 2.2	N N N-M	Nashville Nashville Nashville Nashville					

EGAL NAME O								SYSTEM I 634
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be rece at the Co sign of o the static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal 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 pa ed by the cable s he station is licen	eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can sertain st general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
		1						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	United Communications Inc	6342
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute the 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	nsmission service
	<b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE 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 t</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	
	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 f accounting period is \$52.00	for this six-month
	Line 1. Royalty fee for accounting period	····
	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	·····
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)
	1. Base amount under statutory formula \$ 263,800.0	0
	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 \$5	27,600)
	1. Enter the amount of gross receipts from space K \$ 304,330.6	0
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1 \$ 40,530.6	
	4. Multiply line 3 by .01	405.31
	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	\$ 1,724.31
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,724.31
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,744.31
	EFT Trace # or TRANSACTION ID # 2.31583E+16	
	Important: Your remittance must be in the form of an electronic payment payable to the Regis	ster of Copyrights
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	

Accounting Perio	d: 2020/2						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	United Communicatio	ns Inc						63415
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every no</i> ccounting p	<i>nnetwork televi</i> eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	/ a <i>distant</i> sta CC rules, regu	ulations, or	authorization	s. For a further
Carriage:	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Special	<ul> <li>During the accounting per</li> </ul>				sis, any nonr	etwork tele	evision prog	ram
Statement and Program Log	broadcast by a distant sta			•		Γ	YES	XNO
Program Log	·					L		
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you r	nust comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subs clear. If you need more spa	ace, please	add additional	rows to the tables.				-
	period, was broadcast by a			vision program ("substitute		-		-
	under certain FCC rules, re		•			•		
	Do not use general categor	•						
		m was broa		er "Yes." Otherwise enter				
		•		asting the substitute prog the community to which th		concod by	the ECC or	in
	the case of Mexican or Car		,					
				stem carried the substitute		,	ls, with the n	nonth
	first. Example: for May 7 give							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can		1.10 p.m. to o	.20.00 p.m		
	Column 7: Enter the lett			n was substituted for prog				
	to delete under FCC rules a	•		<b>e</b>				ogram
	was substituted for prograne for programe for the substituted for program effect on October 19, 1976	•	your system w	as permitted to delete und	er FCC rules	and regula	ations in	
		•						
	S	UBSTITUT	E PROGRAM	1		N SUBST AGE OCC		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. T FROM	TIMES — TO	DELETION
							_	
							_	
							_	
							_	
							_	
								1
							_	
							_	

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:	SYSTEM ID#
	United Comm	unications Inc	63415
M Channels	to its subscriber	ou must give (1) the number of channels on which the cable system carried television broadcast stations is, and (2) the cable system's total number of activated channels during the accounting period.	
		al number of channels on which the cable	10
	on which the c	al number of activated channels cable system carried television broadcast stations cast services	160
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Kristin Jackson Telephone 9	31-364-4325
	Address	<b>120 Taylor Street</b> (Number, street, rural route, apartment, or suite number) <b>Chapel Hill, TN 37034</b> (City, town, state, zip)	
	Email	Fax (optional)	
O Certification		(This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Own	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;	or
		<b>It of owner other than corporation or partnership)</b> I am the duly authorized agent of the owner of the cable sys line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
		<b>cer or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owne line 1 of space B.	r of the cable system
		d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	

X /s/ Kristin Jackson
Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed name: Kristin Jackson
Title: CFO (Title of official position held in corporation or partnership)
Date: 2/16/2021

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.

unting Period: 2020/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ted Communications Inc	634
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	- Special Statemen Concerning Gros Receipts Exclusio
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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name     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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	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	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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 Assessm
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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.