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 COPYRIG	GHT OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	
	ems (Short Form)	08/16/2021	\$	Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optiona	al - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		sidiary of another corporation, give the full co	rporate title
Owner	List any other name or names under wh	ich the owner conducts the business of	the cable system.	
	If there were different owners during th single statement of account and royalty		the last day of the accounting period should anting period.	submit a
	Check here if this is the system's first fili	ing. If not, enter the system's ID number	r assigned by the Licensing Division.	63415
	LEGAL NAME OF OWNER/MAILII	NG ADDRESS OF CABLE SYSTEM	1	
	United Communications Inc			
	BUSINESS NAME(S) OF OWNER O	OF CABLE SYSTEM (IF DIFFEREN	т)	
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	120 Taylor Street (Number, street, rural route, apartment, or suite	a number)		
	Chapel Hill, TN 37034 (City, town, state, zip)			
	INSTRUCTIONS: In line 1, give any bus	iness or trade names used to ide	ntify the business and operation of the	e system unless these
С	names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTE	EM:		
	2 (Number, street, rural route, apartment, or suite	e number)		
	(City, town, state, zip code)			
L				

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.

Return completed workbook

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	1						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					SYS	
	United Communications	s Inc						6341
-	SECONDARY TRANSMISSION	SERVICE: SU		ND RATES				
E	In General: The information in s	-	-		•			
	system, that is, the retransmissi				•			
Secondary Transmission	about other services (including p	· · ·		,		those exis	ting on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both				,	ble systen	n broken	
scribers and	down by categories of secondar	•						
Rates	each category by counting the n	0	0			0	s charged	
	separately for the particular serv							
	Rate: Give the standard rate of unit in which it is generally billed	-					-	
	category, but do not include disc		,	•		is within a	particular rate	
	Block 1: In the left-hand block			•	econdary transmi	ssion serv	ice that cable	
	systems most commonly provide						0,	
	that applies to your system. Not		-		-			
	categories, that person or entity					•		
	subscriber who pays extra for ca first set" and would be counted of					nder Serv	ice to the	
	Block 2: If your cable system					e different	from those	
	printed in block 1 (for example, t							
	with the number of subscribers a	and rates, in the	right-hand blo	ck. A two- or th	ree-word descrip	tion of the	service is	
	sufficient.	DCK 1				BLOCK	2	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS RAT	E CA1	FEGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:		740		ded Tier 0		4 050	40.0
	Service to first set				Ided Tier 2		1,656	43.0
	Service to additional set(s)	3	,944		I Tier 3		1,052	14.0
	• FM radio (if separate rate)			HBO			143	16.0
	Motel, hotel			Cinem			79	10.0
	Commercial				time/TMC		87	14.0
	Converter			Starz	-		136	13.0
	Residential			Encor	e		135	13.0
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSIONS:	RATES				
F	In General: Space F calls for ra	•	,	•	• •			
I	not covered in space E, that is, t							
Services	service for a single fee. There as furnished at cost or (2) services							
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the	rate column.	-	-	-		-	
ransmissions:	Block 1: Give the standard rat							
Rates	Block 2: List any services that listed in block 1 and for which a	• •				•		
	brief (two- or three-word) descrip				st these other se	vices in th	elonnora	
	CATEGORY OF SERVICE	BLOC RATE	K 1 CATEGORY O		RATE	CATECO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:		nstallation: N		INATE	CAILO		10411
	Pay cable	-	Motel, hote					
	Pay cable—add'l channel		Commercia					
	Fire protection		Pay cable	1				
	•Burglar protection		• Pay cable-a	Idd'l channel				
			• Fire protect					
	Installation: Residential			ection				
	Installation: Residential • First set		• Burglar pro					
	Installation: Residential • First set • Additional set(s)		• Burglar pro Other services					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burglar pro Other services • Reconnect					
	Installation: Residential • First set • Additional set(s)		• Burglar pro Other services • Reconnect • Disconnect	::				
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Burglar pro Other services • Reconnect	:: ation				

Accounting Period:	2021/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	United Communication	ons Inc		6341
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	of (1) stations carried only on a part- the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain sta carried by your cable system on a sul- the Special Statement and Program ed both on a substitute basis and also s, see page (v) of the general instruct program services such as HBO, ESF re-air designation. For example, repo- evision station for broadcasting over a station, an independent station, or a (for network multicast), "I" (for indep- or "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. at the community to which the station	time basis under ams [sections tions carried on a bstitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WKRN	2	N	Nashville
	WZTV		N	Nashville
Add Rows as Necessary	WSMV	4	N	Nashville
	WTVF	5	N	Nashville
	WNPT	8	E	Nashville
	NPT2	8.2	Ν	Nashville
	WNAB	58	N	Nashville
	WUXP	30	Ν	Nashville
	WKRN (MeTV)	2.2	N-M	Nashville
	WTVF5	5.2	n-m	Nashville

EGAL NAME OF								SYSTEM 634
	every radio s	station ca	rried on a separate and discre					Н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recei at the Co I sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < 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 par ed by the cable s le station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral ii parate :	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	
UALL UIGN		3,0	LOGATION OF STATION			3,0	LOOATION OF STATION	
							·	

Accounting Perio	od: 2021/1					FC	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	United Communicatio	ns Inc					63415
	SUBSTITUTE CARRIAG				G		
I		-	-				
•	In General: In space I, ident						
Cubatituta	substitute basis during the a explanation of the programm						
Substitute Carriage:					ne general in		
Special	1. SPECIAL STATEMEN	-					
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network television pr	
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	" loovo tha	roct of this pa	ao blank. If your answor i	- "Voc " vou u	must complete the p	
		, leave life	rest of this pa	ige blank. If your answer is	s res, your	must complete the p	logram
	log in block 2.						
	2. LOG OF SUBSTITUTI						
	In General: List each subs				s wherever p	ossible, if their mear	ning is
	clear. If you need more spa			vision program ("substitute	program") t	hat during the accor	unting
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor						
	"NBA Basketball: 76ers vs.						
				er "Yes." Otherwise enter '			
				asting the substitute prog			
				the community to which th			or, in
	the case of Mexican or Car			stem carried the substitute			e month
	first. Example: for May 7 gi		when your sy		program. O		
			e substitute pr	ogram was carried by you	r cable svste	m. List the times acc	uratelv
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."						
				n was substituted for prog			
	to delete under FCC rules						program
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	ler FCC rules	s and regulations in	
	effect of October 19, 1970						
					WHF	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCURRED	7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM – TO)
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Accounting Period:	2021/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			:	SYSTEM ID#
	United Communications Inc				63415
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	e system's ation of hov	secondary trans v to compute this	smission servi s amount, se \$ 2	
_	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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more 	0 but less t	than \$527,600	\$263,80(
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	
	Line 1. Royalty fee for accounting period			. <u></u>	
	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 I	ines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	100)	
	1. Base amount under statutory formula	. \$	263,800.00	_	
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1			-	
	4. Enter the amount of gross receipts from space K			_	
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
					0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	. \$	291,142.60	_	
	2. Base amount under statutory formula	\$	263,800.00	_	
	3. Subtract line 2 from line 1	\$	27,342.60	_	
	4. Multiply line 3 by .01		. \$	273.43	
	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		\$	1,592.43
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,592.43	
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			\$	1,612.43
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: United Communications Inc	SYSTEM ID# 63415
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	10 160
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information		931-364-4325
	Address 120 Taylor Street (Number, street, rural route, apartment, or suite number) Chapel Hill, TN 37034 (City, town, state, zip)	
	Email Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy 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) of the legal entity identified as own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	ystem as identified
	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: 8/9/2021	

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: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ted Communications Inc	6341
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
You must complete this worksheat for these revelty payments submitted as a result of a late payment or undergayment	
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 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	Q Interest Assessment
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