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

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Milan, TN 38358 (City, town, state, zip code)							
		ונטונץ, נטווו, זנמנס, בוף טטעלן					

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 II
Name	CableSouth Media III, LLC	1002
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated con 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.	mmunities within unincorporated areas and including single, discret serve as a form of system identification hereafter known as the "fir
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	e nome parks should be reported in parentheses below the identifie
	CITY OR TOWN	STATE
First	Jena	LA
Community	LaSalle Parrish	LA
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	
Name								010	1002
	CableSouth Media III, LI	_0							
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND RA	TES				
E	In General: The information in s	•		•					
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n								
Rates	separately for the particular serv							onargea	
	Rate: Give the standard rate of	-	-	•			-	-	
	unit in which it is generally billed category, but do not include disc	· · ·			iy standai	rd rate variation	s within a p	particular rate	
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			•		•			
	subscriber who pays extra for ca								
	first set" and would be counted of	0			· · ·				
	Block 2: If your cable system printed in block 1 (for example, t	-		-					
	with the number of subscribers a								
	sufficient.		0						
	BLC	DCK 1 NO. OF	. 1				BLOCK	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		212	31.35					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential								
	Non-residential								
				·····					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
F	In General: Space F calls for rate		'		•				
•	not covered in space E, that is, t service for a single fee. There a						-		
Services	furnished at cost or (2) services	•			0		0.,		
Other Than	amount of the charge and the ur		usually	billed. If any rat	tes are ch	arged on a var	able per-pi	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		he cabl	e system for eac	ch of the a	applicable servi	ces listed		
Rates	Block 2: List any services that			•				were not	
	listed in block 1 and for which a		,		hed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and includ	the the ra	ate for each.			1		
		BLO	-					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEGO	ORY OF SERVICE	RATI
	Continuing Services: Pay cable			ation: Non-resid tel, hotel	uentiai				
	Pay cable—add'l channel			nmercial					
	Fire protection		_	/ cable					
	•Burglar protection		-	/ cable-add'l cha	annel				
	Installation: Residential		• Fire	e protection					
	• First set	39.99	• Bur	glar protection					
	 Additional set(s) 		Other	services:					
	 FM radio (if separate rate) 			connect		49.99			
	• Converter	5.00		connect					
				tlet relocation ve to new addre		39.99			

Accounting Period: 2	2021/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
	CableSouth Media III	, LLC		1002
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. With respect to any distant stations ca	(1) stations carried only on a part-ti e carriage of certain network progra I (e)(2) and (4))]; and (2) certain sta	me basis under ams [sections tions carried on a
	• Do not list the station her station was carried only on	ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried		
	basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on	on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, repo	ions. PN, etc. Identify each ort multistream
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	/RC is channel 4 in Washington, D.C. in case whether the station is a network stering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list dian stations, if any, give the name of th	or network multicast), "I" (for indep r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	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
	KNOE	6	N	Little Rock, AR
	KLAX	3	N	Little Rock, AR
Add Rows as Necessary	KLTM	7	Е	Little Rock, AR
	KALB	2	N	Little Rock, AR
	KAQY	4	N	Little Rock, AR
	KARD	5	I	Little Rock, AR
	KLAX	12	N	El Dorado, AR
	KNOE	9	N	Little Rock, AR
	WGM	8	I	Little Rock, AR

EGAL NAME OF			I G I EWI.					SYSTEM II 100
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. entify the call tate whether t the radio state this by placing ive the station	y the sys be recei t 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 at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process k mark in the "S/D" column. on (the community to which the	t the system's hea system's FM ante his point, see pag ed by the cable s le station is licens	adend, and (2) nna, during ce je (v) of the ge ystem as a sej ed by the FCC) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
		-		1		C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
Name	CableSouth Media III,	LLC						10027
	SUBSTITUTE CARRIAGE					on that your		a corried on a
Substitute	substitute basis during the ac explanation of the programm	ccounting pe ing that mus	eriod, under spe at be included in	cific present and former FC this log, see page (v) of the	C rules, regula	ations, or aut	horizations.	For a further
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	 During the accounting per 		r cable system	carry, on a substitute bas	is, any nonne	twork televis	sion progran	n
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			4- line				
	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.	ce, please a of every no distant stat gulations, o ies like "mo Bulls."	add additional r nnetwork televi ion and that you r authorizations vies" or "baske	rows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program	program") tha d for the prog eral instructio n titles, for ex	at, during the ramming of ns for furthe	accounting another sta r information) tion n.
				"Yes." Otherwise enter "I				
				sting the substitute progra e community to which the		nsed by the	FCC or, in	
	the case of Mexican or Can							
	first. Example: for May 7 give	,	when your syst	tem carried the substitute	program. Use	numerais,	with the moi	nth
	Column 6: State the time	es when the		gram was carried by your				ły
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sl	hould be	
		er "R" if the	listed program	was substituted for progra	amming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	• •	our system wa	s permitted to delete unde	er FCC rules a	and regulation	ons in	
			E PROGRAM			EN SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. T	IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
							_	
							_	
							_	
							_	
								+
							_	
							_	
							_	
					.			_

Accounting Period:	2021/1 FORM SA1-2E. PA	AGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM CableSouth Media III, LLC 10	M ID# 0027
K Gross Receipts	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 E) during the accounting period. For a further explanation of how to compute this amount, see 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.	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royality 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 \$263,800 Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 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 LESS Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period \$52.00 Line 2. Interest charge. Enter the amount form line 4, space Q, page 8 0.00 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$25.00 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula \$263,800.00 2. Enter amount of gross receipts from space K	00
	6. Subtract line 5 from line 4)0
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600) 1. Enter the amount of gross receipts from space K	
	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) FALSE 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 of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	SYSTEM ID# 10027
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station 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	IS 9
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	172
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		ne 731-686-9227
	Address 1056 Jones Blvd (Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip)	
	Email cworkman@swyftconnect.com 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 or 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 here 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)] (s/ Thomas Pate Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) 	e B; or e system as identified wner of the cable system
	Typed or printed name: Thomas Pate	
	(Title of official position held in corporation or partnership) Date: 8/30/2021	

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 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
bleSouth Media III, LLC	10027
 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not incluss cribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 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 transmismate by satellite carriers to satellite dish owners? NO 	asic ide sub- 119." Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f	form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	iorm. Q Interest Assessment days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	iorm. Q Interest Assessment days 74
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	iorm. Q Interest Assessment days 74 arge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for the amount of late payment or underpayment	iorm. Q Interest Assessment days 74 arge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessment days 74 narge) please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessment days 74 narge) please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for an explanation of interest assessment or underpayment	form. Q Interest Assessment days 74 narge) please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f Line 1 Enter the amount of late payment or underpayment	form. Q Interest Assessment days - days - 74 - arge) please

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