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
08/29/22	\$
	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

_	1	
Α	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20211 Barcode Data Filing 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
		Gibson Connect, LLC
	<u> </u>	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1207A S College St
		Trenton, TN 38382 City, town, state, zip)
		City, town, state, zip)
С		JCTIONS: 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		IDENTIFICATION OF CABLE SYSTEM:
	1	
	ı	MAILING ADDRESS OF CABLE SYSTEM:
	2	Number, street, rural route, apartment, or suite number)
		reuniber, sueet, ruran 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 CARLED SYSTEM	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Gibson Connect, LLC Instructions: List each separate community served by the cable system. A "co	638
_	"a separate and distinct community or municipal entity (including unincorpo	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th	
	as the "first community." Please use it as the first community on all future fi	
	Note: Entities and properties such as hotels, apartments, condominiums, or	
Area	identified city.	, , , , , , , , , , , , , , , , , , ,
Served		
	CITY OR TOWN	STATE
First	Gibson	TN
Community	Medina	TN
-	Three Way	
Rows as Necessary	Dyer	TN
nows as necessary	Rutherford	TN
	Alamo	TN
	Bells	
		TN TN
	Gadsden	TN
	Ridgely	TN
	Tiptonville	TN
	Hornbeak	
	Troy	TN
	Trenton	TN

Accounting Period: 2021/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Gibson Connect, LLC

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).

Secondary Transmission Service: Subscribers and Rates

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		BLOCI	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	666	34.00			
 Service to additional set(s) 					
• 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		 Motel, hotel 			
 Pay cable—add'l channel 		 Commercial 			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set		 Burglar protection 			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		 Outlet relocation 			
		Move to new address			

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63848

Gibson Connect, LLC

G

Primary Transmitters: Television

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.

2 P'CAST CHANNEL NUMBER 2 TYPE OF STATION

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WJKT	21	N	JACKSON, TN
WJKT-DT2	21.2	I-M	JACKSON, TN
WJKT-DT3	21.3	I-M	JACKSON, TN
WNBJ	16	N	JACKSON, TN
WNBJ-DT2	16.3	I-M	JACKSON, TN
WNBJ-DT3	16.3	I-M	JACKSON, TN
WBBJ	43	N	JACKSON, TN
WBBJ-DT2	43.3	N-M	JACKSON, TN
WLJT	27	E	LEXINGTON, TN
WLJT-DT2	27.2	E-M	LEXINGTON, TN
WMC	5	N	MEMPHIS, TN
WMC-DT2	5.2	I-M	MEMPHIS, TN
WMC-DT3	5.3	I-M	MEMPHIS, TN
WPSD	19	N	PADUCAH, KY
KBSI	36	N	CAPE GIRARDEAU, MO
KFVS	11	N	CAPE GIRARDEAU, MO
WSIL	34	N	HARRISBURG, IL
WSIL-DT2	34.2	I-M	HARRISBURG, IL
KFVS-DT2	11.2	I-M	CAPE GIRARDEAU, MO
KBSI-DT2	36.2	I-M	CAPE GIRARDEAU, MO
KBSI-DT3	36.3	I-M	CAPE GIRARDEAU, MO
KFVS-DT3	11.3	I-M	CAPE GIRARDEAU, MO
WSIL-DT3	34.3	I-M	HARRISBURG, IL
WSIL-DT4	34.4	I-M	HARRISBURG, IL

Add Rows as Necessary

Accounting Period: 2021/1 FORM SA1-2E, PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63848 Gibson Connect, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION PADUCAH, KY WPSD-DT2 19.2 I-M WPSD-DT3 19.3 PADUCAH, KY I-M WREG-DT2 28.2 N-M MEMPHIS, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Gibson Connect, LLC

63848

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
3.3.1				5 5. 5. 5. 1		_,_	3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
· 							
			 				

PRINCE IN SPACE I, idea intitute basis during the intation of the program PECIAL STATEMENT ing the accounting produced by a distant standard by a distant	DEE: SPECIANTIFY every nor accounting pointing that must be received, did you attion? TE PROGRAME stitute programate, please a distant state regulations, cories like "modes. Bulls." arm was broad it sign of the padcast static anadian static anadian state anadian stat	AL STATEME nnetwork televiberiod, under spist be included RNING SUBS ur cable system e rest of this pa AMS am on a separadd additiona onnetwork teletion and that y or authorizatio ovies" or "bask dcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pr a program car e listed program ions in effect of	ENT AND PROGRAM ision program, broadcast pecific present and forme in this log, see page (v) of TITUTE CARRIAGE m carry, on a substitute age blank. If your answer rate line. Use abbreviati I rows to the tables. I rows to	by a distant star FCC rules, reget the general in basis, any non ris "Yes," you ons wherever pute program") tuted for the program titles, for er "No." ogram. the station is it ute program. Under the station is it ute program. Under cable system of the sy	gulations, on structions must compossible, if that, during rogramminations for fuexample, identified). Jise numerate the first the firs	your cable system authorization in the paper Stelevision programmer of their meaning the accounting of another urther information of the programmer of the programmer of their meaning of another urther information of the programmer of the programm	gram gram gram gram gram griam gram gram gram gram gram in month rately uired
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PECIAL STATEMENT IN SPACE I, idea intitute basis during the intation of the program PECIAL STATEMENT IN THE INTERIOR IN	ntify every nor accounting priming that must be ming that must be made as the ming that must be ming that	erest of this paradd additiona on a separadd additiona on a that yor authorizatio ovies" or "bask dcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pro a program car ions in effect of	ision program, broadcas' pecific present and forme in this log, see page (v) or as substitute age blank. If your answers at the line. Use abbreviating a line in the substitute program ("substitute program ("substitute program ("substitute program the substitute program was carried by your capter in the community with which is the community with which with the community with which is the community with which is the	by a distant star FCC rules, reget the general in basis, any non ris "Yes," you ons wherever pute program") tuted for the program titles, for er "No." ogram. the station is it ute program. Under the station is it ute program. Under cable system of the sy	gulations, on structions must compossible, if that, during rogramminations for fuexample, identified). Jise numerate the first the firs	relevision progression progres	gram gram gram gram gram griam gram gram gram gram gram in month rately uired
r certain FCC rules, in touse general categors asketball: 76ers violumn 2: If the prograblumn 3: Give the caplumn 4: Give the broase of Mexican or Caplumn 5: Give the more than 5: Give the more polumn 6: State the propraest five minutes of as "6:00—6:30 p.m. polumn 7: Enter the lete under FCC rules substituted for prografications is substituted for prografical sub	regulations, of pries like "mos. Bulls." am was broad lisign of the padcast station and day give "5/7." mes when the s. Example: a "tter "R" if the and regulation and the sand regulation and regulation and the sand regulation and regulation an	or authorization ovies" or "bask dcast live, ent station broadd on's location (ons, if any, the when your sy e substitute pra program car elisted prograrions in effect of	ns. See page (v) of the ketball." List specific pro er "Yes." Otherwise ent casting the substitute prothe community to which ecommunity with which extern carried the substitute or a system from 6 m was substituted for produring the accounting per setting the second of the substituted for produring the accounting per setting the second of the the second	general instruction of the station is in the station is in the station is in the station is in the program. Upour cable systems of the station is in the program. Upour cable systems of the station is in the program in the station is in the station in the statio	icensed by dentified). Jse numera em. List the 6:28:30 p.i at your sys letter "P" i	urther informa "I Love Lucy" y the FCC or, als, with the i e times accui m. should be stem was requ if the listed pi	in month rately
					EN SUBST	TITUTE	
5	SUBSTITUT	E PROGRAM	1	1 1	IAGE OC		7. REASON FOR
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	5. MONTH	6. FROM	TIMES TO	DELETION

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Gibson Connect, LLC	Sì	STEM ID# 63848
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	,864.00
	33	(Allount of gro	as receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$100.00 but less than 0 but less than 0 but less than 0 but less than 0 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(
	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 the accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.52
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$_	52.52
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1)	00)	-
	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 of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		0.00
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	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	4.040.00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.52	
Due	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	\$	67.52
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7			
Name	LEGAL NAME OF OWNER OF Gibson Connect, LLC	CABLE SYSTEM:				SYSTEM ID# 63848			
M Channels	1	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.							
Channels	Enter the total number of system carried television			e		27			
	Enter the total number of on which the cable system and nonbroadcast service.	m carried television b	oroadcas	st stations		150			
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			RMATION IS NEEDED (Identify an ind	lividual to whom				
for Further Information	Name Scott	Friedman			Telephone 3	314-462-9000			
	(Number, s	Deer Track Trail street, rural route, apartmuis, MO 63131 , state, zip)	I, Suite nent, or suit	e 230 te number)					
	Email	sfriedman@cinr	namonmi	ueller.com	Fax (optional)				
	CERTIFICATION (This state	ement of account mu	ıst be cer	rtified and signed in accordance with Co	opyright Office regulations)				
O Certification	• I, the undersigned, hereby	certify that (Check o	ne, <i>but on</i>	nly one, of the boxes.)					
	(Owner other the	an corporation or pa	artnershi	ip) I am the owner of the cable system a	s identified in line 1 of space B	; or			
				partnership) I am the duly authorized age ot a corporation or partnership; or	ent of the owner of the cable sy	ystem as identified			
	X (Officer or parti	,	f a corpor	ration) or a partner (if a partnership) of th	ne legal entity identified as own	er of the cable system			
		ect to the best of my		eclare under penalty of law that all stater ge, information, and belief, and are made					
			X	/s/ Charles L. Phillips					
				electronic signature on the line above to c nature using an "/s/ signature" (e.g., /s/ Jo					
		Typed or printed	name:	Charles L. Phillips, P.E.					
				Operations on held in corporation or partnership)					
		Date:			August 29, 2022				

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.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
oson Connect, LLC	63848
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	Special Statement Concerning Gross Receipts Exclusion
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 Name Mailing Address	1000 1000 1000
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
x1%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	2
x 365 days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	0
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	2
* 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@copyright.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	
Owner Address	

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