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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:	
-	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov	
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	3/2/23		For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A	ACCOUNTING PERIOD COVERED	1	YYY/(Period))		
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
Accounting Period		Barcode Data Filing Period (optional	- see instructions)		
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the pare		sidiary of another corporation, give the full o	corporate	
Owner	List any other name or names under whic	h the owner conducts the business of	the cable system.		
	_		the last day of the accounting period should	d submit a	
	check here if this is the system's first filin			10029	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	l		
	CableSouth Media III, LLC				
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFEREN	Г)		
	MAILING ADDRESS OF OWNER OF 1056 Jones Blvd	CABLE SYSTEM			
	(Number, street, rural route, apartment, or suite n Milan, TN 38358	umber)			
	(City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line				
System	1 IDENTIFICATION OF CABLE SYSTEM: Swyft Connect				
	MAILING ADDRESS OF CABLE SYSTEM	:			
	2 1056 Jones Blvd	umber)			
	Milan, TN 38358 (City, town, state, zip code)				
Privacy Act Notice	e: Section 111 of title 17 of the United States Code au	thorizes the Convright Office to collect th	e personally identifying information (PII) reque	ested on this	

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Auno	CableSouth Media III, LLC	10029
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fil	ated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known ings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or r identified city.	nobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Fordyce	AR
ommunity		
s Necessary		
	ากการการการการการการการการการการการการกา	
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	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	
Name	CableSouth Media III, LI							010	1002
Е	SECONDARY TRANSMISSION In General: The information in s					<i>u</i> transmission s	ervice of th	ne cable	
—	system, that is, the retransmission	•		-					
Secondary	about other services (including p								
Transmission	last day of the accounting period							0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondary	•		•		•			
Rales	each category by counting the nu separately for the particular serv							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	. (Example: "\$2	20/mth")	. Summarize a	ny standar	d rate variations	s within a p	articular rate	
	category, but do not include disc								
	Block 1: In the left-hand block			0		•			
	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 o	0			()				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, to with the number of subscribers a								
	sufficient.	ind rates, in the	e ngnt-n	and Diock. A ly	vo- or three	e-word description	on or the s	ervice is	
		OCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	CODCOIND		TOTIL	0/11			CODCORDERCO	TOT
	Service to first set		62	32.85					
	Service to additional set(s)			021.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	te (not subscrib	er) info	rmation with re	spect to al	l your cable sys	tem's servi	ces that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		aoaany	2			are ber br	9 . a 2 a.e.e,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	ices in the	form of a	
	bhei (two- or three-word) descrip	nion and includ	le the ra	ale for each.			T		
		BLO			1405	DATE	0.4750	BLOCK 2	DAT
	CATEGORY OF SERVICE	RATE	-	GORY OF SER	-	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	adential				
	• Pay cable			tel, hotel					
	Pay cable—add'l channel		_	mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l cl	lannel				
	Installation: Residential			e protection					
	• First set	75.00		rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		75.00			
	Converter	5.00	• Dis	connect					L
	-								
				tlet relocation ve to new addr		39.99			

counting Period:	-			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 10029
	CableSouth Media III,			10029
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a 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 Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast). For the meaning of these to Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c: les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over 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. t the community to which the station	time basis under ams [sections tions carried on a bstitute program Log)—if the o 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
	KETS	2	N	Little Rock, AR
	KARK	4	I	Little Rock, AR
ld Rows as Necessary	KASN	6	N	Little Rock, AR
	KATV	7	N	Little Rock, AR
	KLRT	8	N	Little Rock, AR
	KARZ	9	Ν	Little Rock, AR
	KTVE	10	Ν	El Dorado, AR
	ктни	11	N	Little Rock, AR
	KTVN	12	I	Little Rock, AR
	ккүк	13	I	Little Rock, AR

LEGAL NAME O								SYSTEM I 100
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If 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 Sive the station	y the sys be recein the contract of the sign of the the static ion's sign g a check n's locati	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright Office regulations on 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	It the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in eparate	be expected, ated 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	
							·	
	Γ							

5	od: 2022/2	-					FURI	I SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF CABLESOUTH MEDIA III,		STEM:					SYSTEM ID# 10029
					<u>^</u>			
Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm	tify every no accounting p	nnetwork televi period, under sp	<i>sion program,</i> broadcast by becific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or a	authorizatior	ns. For a further
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting pe 	riod, did yo	ur cable syster	n carry, on a substitute ba	sis, any noni	network tele	vision prog	am
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you ı	nust comple	ete the prog	ram
	log in block 2.				-			
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	of every no a distant stat egulations, of ries like "mo Bulls." m was broa sign of the adcast stati nadian stati nth and day ve "5/7." ees when th . Example: ter "R" if the and regulat mming that	connetwork tele- tion and that y for authorization povies" or "bask dcast live, entr station broadc on's location (f ons, if any, the y when your sy e substitute pri a program carr e listed program ions in effect d	vision program ("substitute our cable system substitut ns. See page (v) of the ger etball." List specific progra er "Yes." Otherwise enter " asting the substitute progr the community to which the stem carried the substitute ogram was carried by your ried by a system from 6:01 n was substituted for progr luring the accounting perio	ed for the pro- neral instruct im titles, for e No." am. e station is live station is live station is id program. U cable syste :15 p.m. to 6 ramming that d; enter the l	ogramming ions for furt example, "I I entified). se numerals m. List the t 5:28:30 p.m. t your systel letter "P" if t	of another s her informa Love Lucy" he FCC or, s, with the n imes accura should be m was <i>requ</i> he listed pro	station tion. or in nonth ately <i>ired</i>
	effect on October 19, 1976. WHEN SU							7. REASON FOF
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH	AGE OCCU 6. T	IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
		_						
		L						
						-		
		Τ				-	_	
		T						
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			······					

Accounting Period:	2022/2 FORM SA1-2E	. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST CableSouth Media III, LLC	EM ID 1002
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 c 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, se 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.	7.37
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, <i>or</i> 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 \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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	
		2.00
l	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
		2.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
l	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K	
	2. Enter amount of gross receipts from space 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 \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 6	7.00
	EFT Trace # or TRANSACTION ID # 2747H554	
	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:	2022/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF CableSouth N	OWNER OF CABLE SYSTEM: Iedia III, LLC				SYSTEM ID# 10029
M Channels	to its subscribe	rs, and (2) the cable system's al number of channels on whic	total numb	per of activated channels during		15 10
	on which the	al number of activated channe cable system carried television lcast services	n broadcas			132
N Individual to Be Contacted		O BE CONTACTED IF FURT about this statement of accou		RMATION IS NEEDED (Identif	y an individual to whom	
for Further Information	Name	Cristy Workman			Telephone	e 731-686-9227
	Address	1056 Jones Blvd (Number, street, rural route, apar Milan, TN 38358 (City, town, state, zip)	tment, or suit	te number)		
	Email	cworkman@sw	vyftconned	ct.com	Fax (optional)	
O Certification	• I, the undersigr	ned, hereby certify that (Check o	one, <i>but onl</i> j	<i>y one</i> , of the boxes.)	e with Copyright Office regulation	
	ir X (Officing • I have examine	n line 1 of space B and that the o cer or partner) I am an officer (n line 1 of space B. ed the statement of account and the, and correct to the best of m	owner is no (if a corpora I hereby dea	ot a corporation or partnership; or ation) or a partner (if a partnershi	 o) of the legal entity identified as o statements of fact contained here 	wner of the cable system
			Enter an e	/s/ William Welsh electronic signature on the line ab nature using an "/s/ signature" (e.g		-
		Typed or printed	d name:	William Welsh		
		Title: (Title of		Accounting on held in corporation or partnership)		
		Date:			3/1/23	

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unting Period: 2022/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
leSouth Media III, LLC	1002
 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? X NO 	P Special Statement Concerning Gross Receipts Exclusion
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 these revelty poyments submitted as a result of a late poyment or undergoment	
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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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 Assessme
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