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						
3/2/23	\$						
	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

Α							
A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
	2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
	Barcode Data Filing Period (optional - see instructions)						
Accounting							
Period							
	Instructions:						
_	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						
В	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.						
	29865						
	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						
	CableSouth Media III, LLC						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	1056 Jones Blvd						
	(Number, street, rural route, apartment, or suite number)						
	Milan, TN 38358 (City, town, state, zip)						
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С	names 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:						
	Swyft Connect						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 1056 Jones Blvd (Number, street, rural route, apartment, or sulte number)						
	Milan, TN 38358						
	(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.

		FORM SA1-2E. PAGE								
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I								
Name	CableSouth Media III, LLC 298									
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	ry" is the same as a "community unit" as defined in FCC rule								
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 parks should be reported in parentheses belo									
Served	identified city.									
	CITY OR TOWN	STATE								
First	Columbia	MS								
Community	Foxworth	MS								
	Marion County	MS								
Davis as Nassassas										
Rows as Necessary										
		100000000000000000000000000000000000000								
		100000000000000000000000000000000000000								

Accounting Period: 2022/2 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 29865 CableSouth Media III, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates 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	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	505	32.85			
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.

	BLOCK 1					
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	75.00	Burglar protection				
Additional set(s)		Other services:				
 FM radio (if separate rate) 		Reconnect	75.00			
Converter	5.00	Disconnect				
		Outlet relocation				
		Move to new address	39.99			

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 29865 CableSouth Media III, 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 Primary 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 Transmitters: 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 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.

Add Rows as Necessary

	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
,	WLBT	2	N	Jackson, MS
,	WDAM	3	N	Laurel, MS
у	WDAM	4	N	Laurel, MS
,	WHPM	5	<u> </u>	Hattiesburg, MS
	WHLT	6	N	Hattiesburg, MS
,	WMAH	7	E	Hattiesburg, MS
,	WHPM	9	N	Hattiesburg, MS
,	WGN			Chicago, IL
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

29865

CableSouth Media III, LLC

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.

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

Н

- 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
O/ LEE GIGIT	71101 01 1 101	O/D	EGG/MIGIT OF GI/MIGIT	OTTEL STOTE	71101 01 1 101	OID	ECONTION OF CINTION
	L		L	L			J

Accounting Paris	.d. 2022/2						EORM	ISA1 2E DACE E	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURIV	SYSTEM ID#	
Name	CableSouth Media III,	LLC						29865	
	SUBSTITUTE CARRIAG	E: SDECI/	AL STATEME	INT AND BROCKAM I O	G				
1		_	_			tion that your o	ahla evet	em carried on a	
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Statement and	During the accounting pe		ur cable syster	n carry, on a substitute ba	sis, any nonr	network televisi	on progr		
Program Log	broadcast by a distant sta	tion?					YES	NO	
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	"Yes," you r	nust complete	the progi	ram	
	log in block 2.								
	2. LOG OF SUBSTITUTI								
	In General: List each subsclear. If you need more spa				s wherever po	ossible, if their	meaning	IS	
				vision program ("substitute	program") th	nat, during the	accounti	ng	
	period, was broadcast by a								
	under certain FCC rules, re Do not use general categor								
	"NBA Basketball: 76ers vs.	Bulls."			•	,	,		
				er "Yes." Otherwise enter " casting the substitute progr					
		•		the community to which the		censed by the f	FCC or. i	n	
	the case of Mexican or Car	nadian statio	ons, if any, the	community with which the	station is id	entified).			
			when your sy	stem carried the substitute	program. Us	se numerals, w	ith the m	onth	
	first. Example: for May 7 gi Column 6: State the tim		e substitute pr	ogram was carried by your	cable syster	m. List the time	es accura	telv	
	to the nearest five minutes							,	
	stated as "6:00–6:30 p.m."	er "D" if the	listed program	n was substituted for prese	ramanain a that			and a	
	to delete under FCC rules			n was substituted for progr luring the accounting perio					
	was substituted for prograr							J	
	effect on October 19, 1976								
					WHE	N SUBSTITUT	ГЕ		
	S	UBSTITUT	E PROGRAM	1		AGE OCCUR		7. REASON FOR	
	TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TIME		DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO		
						_			
									
		 							
									
						_			
									
		 							
									
		_							
						_			
		_							

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	S'	YSTEM ID# 29865
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	nission service amount, se	
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 \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	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 accounting period is \$52.00	this 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		0.00
	Line O TOTAL POVALTY FEE DAYABLE FOR ACCOUNTING DEPLOY Additions 4 and 0	•	50.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		52.00
	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)	-	
	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		
	S. 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		
	_		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	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	\$	67.00
	EFT Trace # or TRANSACTION ID # 2747H554		
	<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 m		

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.					
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM:			SYSTEM ID# 29865					
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.									
	on which the ca	number of activated channels able system carried television ast services	broadcast stations		178					
N Individual to Be Contacted		BE CONTACTED IF FURTHI bout this statement of accoun	ER INFORMATION IS NEEDED (Identify an it.)	individual to whom						
for Further Information	Name	Cristy Workman		Telephone 731-	686-9227					
	Address	1056 Jones Blvd (Number, street, rural route, apartm	nent, or suite number)							
		Milan, TN 38358 (City, town, state, zip)								
	Email	cworkman@swy	/ftconnect.com	Fax (optional)						
0	CERTIFICATION	This statement of account mu	ust be certified and signed in accordance with	Copyright Office regulations)						
Certification	• I, the undersigne	d, hereby certify that (Check on	ne,but only one, of the boxes.)							
	(Owne	other than corporation or pa	artnership) I am the owner of the cable system a	as identified in line 1 of space B; or						
			tion or partnership) I am the duly authorized ag wner is not a corporation or partnership; or	gent of the owner of the cable system	n as identified					
		er or partner) I am an officer (if ine 1 of space B.	a corporation) or a partner (if a partnership) of t	he legal entity identified as owner of	the cable system					
		e, and correct to the best of my l	nereby declare under penalty of law that all state knowledge, information, and belief, and are mad							
			X /s/ William Welsh							
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/	•						
		Typed or printed	name: William Welsh							
			VP of Accounting ficial position held in corporation or partnership)							
		Date:		3/1/23						

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 29865 CableSouth Media III, LLC 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 fol-"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 sub-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Concerning Gross **Receipts Exclusion** 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 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. Interest Assessment x = 0.00274Line 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 * 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 Address ID number First community served Accounting period

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