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.

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SA1-2E Short Form

Return completed workbook

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:		
for Seconda	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	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	(YY/(Period))			
Accounting Period	2022/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional -	Period 2 = July 1 - December 31 see instructions)			
	Instructions:					
В	Give the full legal name of the owner of th title of the subsidiary, not that of the pare		diary of another corporation, give the full c	corporate		
Owner	List any other name or names under whic	h the owner conducts the business of th	ne cable system.			
	If there were different owners during the single statement of account and royalty for Check here if this is the system's first filing	ee payment covering the entire account		d submit a 33537		
	LEGAL NAME OF OWNER/MAILING	G 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 no	umber)				
	Milan, TN 38358					
	(City, town, state, zip)					
С	INSTRUCTIONS: In line 1, give any busir names already appear in space B. In line					
System	IDENTIFICATION OF CABLE SYSTEM:					
	Swyft Connect					
	MAILING ADDRESS OF CABLE SYSTEM	:				
	2 1056 Jones Blvd (Number, street, rural route, apartment, or suite no	umber)				
	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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	CableSouth Media III, LLC	335
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including singl t you list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	
First	CITY OR TOWN Poplarville	STATE MS
Community	Pearl River	MS
Add Rows as Necessary		

Name CableSouth Media III, LLC E Secondary Transmission Service: Sub- Services in 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). Number of Subscribers: Subscriber: Subscribe	SYSTEM II	•				I H M.		LEGAL NAME OF OWNER OF C	
F Secondary system: Note 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 should other services (ncluding pay cable) in space F, not here. All the facts you sate must be those existing on the last day of the accounting period (June 30 or December 4) is the case may be). Number of Subscribers: Both blocks in space F. not here. All the facts you sate must be those existing on the last day of the accounting period (June 30 or December 4) is the case may be). Number of Subscribers: Both blocks in space F. and here and may be category of service. In the set of the abbit of subscribers in the category. If the number of subscribers is the dawn by categories of secondary transmission service. In general, you can compute the number of subscribers and category by counting the number of billings in that category. If number of subscribers is charged separately for the particular service at the rate indicated—not the number of sets receiving service. That and the continuon service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed categor that applies to your system. Note: Where an individual or organization is receiving service that for each listed categor that applies to your system. Note: Where an individual or organization is receiving service to the cable subscriber who pays extra for cable service to additional set would be included in the construmed "Service to the subscriber who pays extra for cable service to additional set would be included in the construmed "Service to the subscriber who pays extra for cable service to additional set would be included in the construmed "Service to the subscriber who pays extra for cable service to addition additional set would be counted	3353								Name
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Rates 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—number sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit mixhich it is generally billed. (Example: "\$20mth"). 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 system. Note: Where an individual or organization is receiving service that fails under different categories that person or entry should be counted as a subscriber in each applicable category. Example: a residentil subscriber who pays extra for cable services that and under "Service to additional sets(s)." Block 2: If your cable system has rate categories for secondary transmission service to the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE Subscribers Residential: 31 32.85 Service to additional set(s) Subscriber in doma set in formation with respect to all your cable systems work and rate service to a service that are different from those services to that and editional set(s) Service to additional set(s) BLOCK 1 BLOCK 2 Service to first set 31 32.85 Service to a single fee. Threa ret two exceptions: you do not need to give rate info		le system, broken							Service: Sub-
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category, but do not include discounts allowed for advance payment. Isock 11: the left-hand block in space E, the form illust 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 categor 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 residentil subscriber who pays extra for cable service to additional set(s)." Block 1: If the left-hand block in space 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, togethe with the number of subscribers and rates, in the right-hand block. A two or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE SUBSCRIBERS Residential: 31 • Service to first set 31 • Service to additional set(s) • FM radio (if separate rate) • Motel, hotel Converter • Residential • Services to rate (not subscriber) information with respect to all your cable system's services that we not or services that we not concerning (1) services furnished to consubscribers. Rate information concerning (1) services furnished to consubscribers. Rate information concerning (1) services furnished to consubscribers. Rate information concerning (1) services furnished a cora rol services that your cable system furnis									
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F Services Other Thanset in Space F, calls for rate (not subscriber) information with respect to all your cable system's services that we not covered in space E, that is, those services that are not offered in combination with any secondary transmissions: Rates Services Other Thanset 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 colume. Service services in the form of a bird with a separate charged by the cable system for each of the applicable services in the form of a bird (two- or three-word) description and include the rate for each. Block 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a bird (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 BLOCK 1 BLOCK 1 Pay cable		BLOCK 2					OCK 1		
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• Service to first set 31 32.85 • Service to additional set(s) • Motel, hotel Commercial • • • • • • • • • • • • • • • • • • •	BERS RAT	RVICE SUBSCRIBERS	EGORY OF SERVI	CAT	RATE	CRIBERS	SUBSCRI		
• Service to additional set(s) •FM radio (if separate rate) Motel, hotel Commercial Converter •Residential •Non-residential •Non-residential •Non-residential •Non-residential •Non-residential •Non-residential Services 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 we not covered in space E, that is, those services that are not offered in combination with any secondary transmission services for a single fee. There are two exceptions: you do not need to give 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 basi 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. CATEGORY OF SERVICE RATE CATEGORY OF SERVICE •Pay cable •Motel, hotel •Motel, hotel •Pay cable •Motel, hotel •Pay cable									
• FM radio (if separate rate) • FM radio (if separate rate) Motel, hotel Commercial Converter • Residential • Non-residential • Non-residential • Non-residential • Non-residential Services 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 we 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 function only 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. CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable • Motel, hotel • Commercial • Pay cable • Motel, hotel • Pay cable •					32.85	31			
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Commercial Converter								, , ,	
Converter Residential • Non-residential • Non-residential • Non-residential • Non-residential F 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 we 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 of 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 BLO CATEGORY OF SERVICE RATE Pay cable • Motel, hotel • Pay cable • Motel, hotel • Pay cable • Pay cable • Fire protection • Pay cable									
• Residential • Non-residential • Non-residential • Non-residential • Non-residential • Non-residential F 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 we 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 in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable • Motel, hotel • Pay cable • Motel, hotel • Pay cable • Pay cable									
• Non-residential 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 we 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 in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLO CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable • Motel, hotel • Pay cable • Motel, hotel • Pay cable • Pay cable									
F Services Other Than Secondary Irransmissions: 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 we not covered in space E, that is, those services that are not offered in combination with any secondary transmission furnished at cost or (2) services or facilities furnished to nonsubscribers. 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 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential . Pay cable . Motel, hotel . Pay cable . Motel, hotel . Pay cable . Pay cable									
F In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that we 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 BLO CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable • Motel, hotel • Pay cable • Motel, hotel • Pay cable • Pay cable								Non-residential	
F In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that we 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 BLO CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable • Motel, hotel • Pay cable • Motel, hotel • Pay cable • Motel, hotel • Pay cable • Pay cable				e		TDANGMI			
Image: Continuing Services: 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 BLO CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable • Motel, hotel • Pay cable • Motel, hotel • Pay cable • Pay cable	•	em's services that were	Il your cable system						_
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 BLO CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable • Motel, hotel • Pay cable • Commercial • Fire protection • Pay cable			• •	•		,	•	-	F
Other Than Secondary Transmissions: Rates 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 BLO CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential • Pay cable • Motel, hotel • Pay cable • Pay cable • Fire protection • Pay cable		0()		0				9	
Secondary Transmissions: Rates 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 BLO CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Installation: Non-residential • Pay cable • Motel, hotel • Fire protection • Pay cable									
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 BLOCK 1 BLO CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SI Pay cable Installation: Non-residential • Motel, hotel • Commercial • Commercial • Pay cable • Motel, hotel • Pay cable • Pay		bie per-program basis,	larged on a variable	ates are ch	billed. If any f				
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 BLOCK 1 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Continuing Services: Installation: Non-residential • Pay cable • Motel, hotel • Fire protection • Pay cable • Pay cable		es listed.	applicable services	ach of the a	e system for e				•
brief (two- or three-word) description and include the rate for each. BLOCK 1 BLO CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SI Continuing Services: Installation: Non-residential • Pay cable • Motel, hotel • Commercial • Fire protection • Pay cable • Pay cable									Rates
BLOCK 1 BLO CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SI Continuing Services: Installation: Non-residential CATEGORY OF SI • Pay cable • Motel, hotel • Motel, hotel • Fire protection • Pay cable • Pay cable		ices in the form of a	these other services	shed. List		0	•		
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SI Continuing Services: Installation: Non-residential Installation: Non-residential Installation: Non-residential • Pay cable • Motel, hotel • Commercial • Commercial • Commercial • Fire protection • Pay cable • Pay cable • Pay cable • Pay cable					ate for each.	nclude the	otion and inclu	brief (two- or three-word) descrip	
Continuing Services: Installation: Non-residential • Pay cable • Motel, hotel • Pay cable_add'l channel • Commercial • Fire protection • Pay cable	< 2	BLOCK 2				BLOCK 1	BLC		
• Pay cable • Motel, hotel • Motel, hotel • Pay cableadd'l channel • Commercial • Fire protection • Pay cable	RVICE RATE	CATEGORY OF SERVIC	RATE C	VICE	GORY OF SEF	E CATE	RATE	CATEGORY OF SERVICE	
Pay cable—add'l channel Fire protection Pay cable Pay cable				sidential	ation: Non-re	Insta		Continuing Services:	
Fire protection Pay cable									
								Pay cable—add'l channel	
Burglar protection Pay cable-add'l channel					y cable	•P			
				hannel	y cable-add'l c	• P		 Burglar protection 	
Installation: Residential • Fire protection					•			Installation: Residential	
First set 75.00 Burglar protection				I	rglar protectio	5.00 • B	75.00	• First set	
Additional set(s) Other services:					services:	Othe		 Additional set(s) 	
• FM radio (if separate rate) • Reconnect 75.00			75.00		connect	•R		• FM radio (if separate rate)	
Converter 5.00 Disconnect					sconnect	5.00 · D	5.00	Converter	
Outlet relocation					itlet relocation	•0			
Move to new address 39.99			39.99	ress	ove to new add	• M			

ccounting Period:	2022/2			FORM SA1-2E. PAGE 3	
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#	
	CableSouth Media III,	LLC		33537	
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC rut • Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter	TELEVISION Intify every television station (including in during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.63 is explained in the next paragraph. With respect to any distant stations of eles, regulations, or authorizations: e in space G—but do list it in space I (find a substitute basis. also in space I, if the station was carried in concerning substitute basis stations of's call sign. <i>Do not</i> report origination d with a station according to its over-the he form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"	t (1) stations carried only on a part-ti the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, repo- evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe	me basis under ims [sections ions carried on a ostitute program .og)—if the o on some other ons. 'N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M"	
	For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canad	"E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis dian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station i the community with which the station	is licensed by the is identified.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	
	WLBT	2	N	Jackson, MS	
	WLOX	3	N	Biloxi, MS	
Add Rows as Necessary	WLOX	4	Ν	Biloxi, MS	
	WDAM	4	N	Laurel, MS	
	WHPM	6	I	Hattiesburg, MS	
	WHLT	6	E	Hattiesburg, MS	
	WMAH	7	Е	Biloxi, MS	
	WHPM2	9	N	Hattiesburg, MS	
	WGN	48	l	Chicago, IL	

CableSouth	F OWNER OF (Media III, L		YSTEM:					SYSTEM I 335
	t every radio s	station ca	rried on a separate and discre					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf idgnal, 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 to the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	!) it can ertain st eneral ii eparate a	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	
5.122 01011		5,5				5,5		

Name							FORM	A SA1-2E. PAGE 5
Nume	LEGAL NAME OF OWNER OF CableSouth Media III,							33537 33537
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	accounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, or a	uthorization	ns. For a further
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	sis, any noni	network telev	vision prog	ram
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	"Yes," you	must comple	te the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUTE							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every no a distant stat egulations, c ries like "mo Bulls." m was broad sign of the adcast station hadian station th and day ve "5/7." es when the . Example: a ter "R" if the and regulation nming that y	add additional onnetwork tele tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (f on's location (f on's location (f on's location (f when your sy e substitute pr a program carr listed program	I rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the gen etball." List specific progra er "Yes." Otherwise enter " casting the substitute progra 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 progra	e program") t ed for the pro- neral instruct m titles, for o No." am. e station is li e station is li e station is id program. U cable syste :15 p.m. to for ramming that d; enter the	hat, during th ogramming c ions for furth example, "I L censed by th lentified). se numerals, m. List the tin 5:28:30 p.m. t your system letter "P" if th	ne account of another s er informa ove Lucy" e FCC or, with the n mes accura should be n was <i>requ</i> e listed pro	ing station tion. or in nonth ately <i>ired</i>
	S		EPROGRAM	1				7 REASON FO
	SI 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S CALL SIGN		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	7. REASON FO DELETION
		1			CARRI	AGE OCCU	RRED	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	7. REASON FO DELETION
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCU 6. TIN	RRED MES	

Accounting Period:	2022/2 FORM SA1-2E.	PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S	EM ID: 3353
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.	.07
L 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 \$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	
		.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	.00
		.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 empirite formula concerts/	
	2. Enter amount of gross receipts from space K	
	S. 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	.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) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	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) \$ 52.00	
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 \$ 67	.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 M	OWNER OF CABLE SYSTEM: Iedia III, LLC					SYSTEM ID# 33537
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota	You must give (1) the number of rs, and (2) the cable system's t al number of channels on which d television broadcast stations al number of activated channel cable system carried television	total numl	ber of activated chann	els during the	accounting period.	8
		cast services					177
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accourt		DRMATION IS NEEDE	D (Identify an	individual to whom	
for Further Information	Name	Cristy Workman				Telephone	731-686-9227
	Address	1056 Jones Blvd (Number, street, rural route, aparth Milan, TN 38358 (City, town, state, zip)	ment, or sui	ite number)			
	Email	cworkman@sw	yftconne	ct.com		Fax (optional)	
O Certification	• I, the undersign	I (This statement of account m led, hereby certify that (Check o er other than corporation or p	ne, <i>but onl</i>	<i>ly one</i> , of the boxes.)			
	in X (Offici in • I have examine	t of owner other than corpora line 1 of space B and that the o cer or partner) I am an officer (i line 1 of space B. d the statement of account and te, and correct to the best of my ion 1001(1986)]	wner is no if a corpora hereby de	ot a corporation or partn ation) or a partner (if a p clare under penalty of la	ership; or partnership) of f aw that all state	the legal entity identified as over the legal entity identified as over the legal entity identified here in the legal entity is the legal entity of fact contained here is the legal entity of the legal entity of the legal entity identified entity identified entity of the legal entity identified entity identified entity identified entity identified entity identified entity of the legal entity identified entity identified entity of the legal entity identified entity identified entity identified entity identified entity entity identified entity	wner of the cable system
			Enter an e	/s/ William Welsł electronic signature on t nature using an "/s/ signa	he line above to		
		Typed or printed		William Welsh			
				on held in corporation or pa	artnership)	3/1/23	

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 th 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 telephon 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 i 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 th 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

unting Period: 2022/2		FORM SA1-2E. PAGI
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
eSouth Media III, LLC		335
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXC The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), lowing sentence: "In determining the total number of subscribers and the gross amounts service of providing secondary transmissions of primary broadcast trans scribers and amounts collected from subscribers receiving secondary tr For more information on when to exclude these amounts, see the note on page located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gro made by satellite carriers to satellite dish owners?	, of the Copyright Act by adding the fol- paid to the cable system for the basic smitters, the system shall not include sub- ansmissions pursuant to section 119." e (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	\$	
Name Mailing Address Name Mailing Address	ess	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a ro		Q
You must complete this worksheet for those royalty payments submitted as a re For an explanation of interest assessment, see page (viii) of the general instruct		Q
	ctions located in the paper SA1-2 form.	Q Interest Assessme
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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.