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 COPYRIGHT	Return completed workbook by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	3-8-23	\$ 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: (YYYY/(Period))						
		2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
Accounting		Barcode Data Filing Period (optional - see instructions)					
Period							
В		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 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					
		United Communications Inc					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		120 Taylor Street (Number, street, rural route, apartment, or suite number)					
		Chapel Hill, TN 37034					
		(City, town, state, zip)					
С		UCTIONS: 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	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2						
	2	(Number, street, rural 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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
	United Communications Inc	634
	Instructions: List each separate community served by the cable system. A "community	
D	separate and distinct community or municipal entity (including unincorporated commu	
0	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	e as a form of system identification hereafter known as the "fir
	community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	me parks should be reported in parentheses below the identifie
Served	city.	
	CITY OR TOWN	STATE
First	Marshall	TN
Community	Moore	TN
	Rutherford	TN
d Rows as Necessary	Williamson	TN
	Bedford	TN
	Davidson	TN
	Chapel Hill	TN
	Franklin	TN
	Bell Buckle	TN
	Estill Springs	TN
	Nolensville	TN
	Nashville	
		TN
	Brentwood	TN
	Unionville	TN
	Belfast	TN
	College Grove	TN
	Fosterville	TN
	Flat Creek	TN
	Readyville	TN
	Eagleville	TN
	Thompson Station	TN
	Shelbyville	TN
	Arrington	TN
	Smyrna	TN
	Petersburg	TN
	Lewisburg	TN
	Columbia	TN
	Christiana	TN
	Rockvale	TN
	Antioch	
	Murfreesboro	TN
	Spring Hill	TN
	Culleoka	TN
	Unnamed or Unincorporated Areas In:	
	Williamson County	TN
	Davidson County	TN
	Rutherford County	TN
	Bedford County	TN
	Maury County	TN
1	Franklin County	TN
	Marshall County	TN

						01/0	-2E. PAG	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	United Communications	s Inc					634 [′]	
-	SECONDARY TRANSMISSION	SERVICE: SUB	SCRIBERS AND RA	TES				
E	In General: The information in s		-	•				
Secondary	system, that is, the retransmissic about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Both	•						
scribers and Rates	down by categories of secondary each category by counting the nu		0 / 1					
Rates	separately for the particular servi							
	Rate: Give the standard rate cl	-				-		
	unit in which it is generally billed.	· ·	,	ny standard	rate variations within	a particular rate		
	category, but do not include disc Block 1: In the left-hand block			ies of seco	ndary transmission se	rvice that cable		
	systems most commonly provide		•					
	that applies to your system. Note							
	categories, that person or entity s subscriber who pays extra for ca				0,			
	first set" and would be counted o							
	Block 2: If your cable system h				ervice that are differe	nt from those		
	printed in block 1 (for example, ti							
	with the number of subscribers a sufficient.	nd rates, in the ri	ight-hand block. A tv	vo- or three	-word description of th	e service is		
		DCK 1			BLO	DCK 2		
		NO. OF SUBSCRIBEF	RS RATE	CATE	GORY OF SERVICE	NO. OF SUBSCRIBERS	RAT	
	CATEGORY OF SERVICE Residential:	SUBSCRIBER	KS RATE	CATE	GORT OF SERVICE	SUBSCRIBERS	KAI	
	Service to first set	1	263 28.00	Expand	Expanded Tier 2			
	Service to additional set(s)		884 4.95	Digital	1,201	47. 14.		
	• FM radio (if separate rate)	,		HBO	110	16.		
	Motel, hotel			Cinemax		65	10.	
	Commercial			Showtime/TMC		76	14.	
	Converter			Starz/Encore		217	13.	
	Residential							
	Non-residential						1	
							1	
	SERVICES OTHER THAN SECO							
F	In General: Space F calls for rat	e (not subscriber	 information with re 	spect to all				
F	In General: Space F calls for rat not covered in space E, that is, th	e (not subscriber nose services tha	r) information with re at are not offered in c	spect to all combinatior	with any secondary t	ransmission		
F Services	In General: Space F calls for rat	e (not subscriber nose services tha e two exceptions	 information with re at are not offered in a : you do not need to 	spect to all combinatior give rate in	with any secondary t formation concerning	ransmission (1) services		
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ccounting Period: 2	2022/2			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	United Communications Inc								
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. <i>Do not</i> 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 identified. 								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WKRN	2	N	Nashville					
	WZTV	17	N	Nashville					
Add Rows as Necessary	WSMV	4	N	Nashville					
	WTVF	5	N	Nashville					
	WNPT	8	Е	Nashville					
	NPT2	8.2	N	Nashville					
	WNAB	58	N	Nashville					
	WUXP	30	N	Nashville					
	WKRN (MeTV)	2.2	N-M	Nashville					
	WTVF5	5.2	n-m	Nashville					

Accounting F			STEM:				FOR	M SA1-2E. PAGE
United Com	munication	s Inc						6341
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.							H Primary Transmitters: Radio	
Column 2: S Column 3: If ignal, indicate Column 4: G	tate whether the the radio stati this by placing Sive the station	ne statior on's sign a check 's locatio	ach station carried. n is AM or FM. al was electronically processe mark in the "S/D" column. on (the community to which the he community with which the s	e station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2022/2						FORM SA1-2E. PAGE 5.	
Nomo	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:				SYSTEM ID#	
Name	United Communication	ns Inc					63415	
_	SUBSTITUTE CARRIAGE	: SPECIA		IT AND PROGRAM LOO	;			
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a							
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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:	1. SPECIAL STATEMENT				ie general met		0	
Special	 During the accounting per 				sis, any nonn	etwork television pro	ogram	
Statement and Program Log	broadcast by a distant stat	-				YE	X	
Frogram Log	Note: If your answer is "No		rest of this na	ne blank. If your answer i	s "Ves " vou m			
	log in block 2.	, leave the	rescortins pa	ge blank. If your answer is	s res, you n	lust complete the pi	logram	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subs	titute progra	am on a separa		s wherever po	ossible, if their mear	ning is	
	clear. If you need more spa			rows to the tables. /ision program ("substitute	a program") th	at during the accou	unting	
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	xample, "I Love Luc	sy or	
	Column 2: If the program	n was broa		er "Yes." Otherwise enter				
				asting the substitute prog he community to which th		ensed by the ECC (or in	
	the case of Mexican or Car						, m	
			when your sys	stem carried the substitute	e program. Us	e numerals, with the	e month	
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	ogram was carried by you	r cable svsten	n. List the times acc	uratelv	
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	or "R" if tho	listed program	n was substituted for prog	ramming that	vour system was re	auired	
	to delete under FCC rules a							
	was substituted for program		our system wa	as permitted to delete unc	ler FCC rules	and regulations in		
	effect on October 19, 1976							
						EN SUBSTITUTE		
	S	UBSTITUT	E PROGRAM			IAGE OCCURRED	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — T	0	
						_		
						_		
						_		
						_		
						_		
						_		
					-	_		
					-			
					-			
					_			
						_		
					-	_		
					-			
		L			_			

Accounting Period:	2022/2		FORM SA	A1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: United Communications Inc		S	*YSTEM ID 63415						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to com 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.	lary transmis npute this an	sion service nount, see	9,576.00						
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 \$263,800 • 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. 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 accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		six-month	0.00						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2									
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more the	han \$137,10	00)							
		3,800.00 9,576.00								
	3. Subtract line 2 from line 1	4,224.00								
	4. Enter the amount of gross receipts from space K	2	19,576.00							
	5. Enter the amount from line 3		44,224.00							
	6. Subtract line 5 from line 4	1	75,352.00							
	7. Multiply line 6 by .005 (enter figure here)	····· <u>-</u>	\$	876.76						
	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		\$	876.76						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)									
	1. Enter the amount of gross receipts from space K									
		3,800.00								
	3. Subtract line 2 from line 1	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>								
	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		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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		876.76							
	2. Filing Fee (See the instructions for more information on filing fee calculations)		20.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	[\$	896.76						
	EFT Trace # or TRANSACTION ID #									
	Important: Your remittance must be in the form of an electronic payment payable to the See page i of the general instructions in the paper SA1-2 form and the Excel instruction									

Accounting Period:	2022/2						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: unications Inc					SYSTEM ID# 63415
M Channels	to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the	ers, and (2) the cable system's al number of channels on whic ed television broadcast station al number of activated channe e cable system carried televisio	total num ch the cat ns els on broado	umber able 	n which the cable system carried television b of activated channels during the accounting stations	period.	10 160
N Individual to Be Contacted		O BE CONTACTED IF FURT		FORM	IATION IS NEEDED (Identify an individual to	whom	
for Further Information	Name	Kristin Jackson				Telephone 9:	31-364-4325
	Address	120 Taylor Street (Number, street, rural route, apart Chapel Hill, TN 3703 (City, town, state, zip)		suite nu	imber)		
	Email				Fax (oj	ptional	
O Certification		(This statement of account m			d and signed in accordance with Copyright C	Office regulations)	
	(Owne	er other than corporation or p	artnershi	hip)∣a	im the owner of the cable system as identified ir	n line 1 of space B; or	
		in line 1 of space B and that the	e owner is	is not a	rship) I am the duly authorized agent of the ow a corporation or partnership; or) or a partner (if a partnership) of the legal entity		
		d the statement of account and h ete, and correct to the best of my	-		under penalty of law that all statements of fact o iformation, and belief, and are made in good fail		
				an elec	s/ Kristin Jackson tronic signature on the line above to certify this re using an "/s/ signature" (e.g., /s/ John Smith)		
		Typed or printed	I name:	ĸ	ristin Jackson		
		Title: (Ti	CFO tle of officia		ition held in corporation or partnership)		
		Date:			2/2	8/2023	

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.

unting Period: 2022/2	SYSTEM ID
ed Communications Inc	6341
 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? 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	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* 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	
Address ID number First community served	

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.

C	Cal Woi	ble rksheet	Total amount of remittance	Number of SAs re	c'd Initials	
			Date of remittance	Check EFT	FILING FEES	
Cable ID #					Amount Initials	
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	🗌 Janu	ary 1 - June 30, 2017	[July 1 - December 31, 2017		
	Lette	er sent	[Information received		
	Acce	pted		Phone call/Date/Contact		
Space B Owner						
	Lette	er sent	Information received			
	Acce	epted		Phone call/Date/Contact		
Space D Area Served						
	Lette	er sent	Γ	Information received		
	Acce	epted		Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	Lette	er sent		Information received		
and Rates		pted		Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	Lette	er sent		Information received		
	Acce	pted		Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio	Acce	pted		Phone call/Date/Contact		

		Space I Substitute Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
✓ Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	Info/add'l fee received	
Accepted	Phone call/Date/Contact	