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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:	
	ry Transmissions by	DATE RECEIVED	AMOUNT	 <u>coplicsoa@copyright.gov</u> 	
General instru	oms (Short Form) actions 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	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	YYY/(Period))		
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		Barcode Data Filing Period (optional -	see instructions)		
Accounting Period					
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the pare	-	diary of another corporation, give the full c	orporate	
Owner	List any other name or names under whic	the owner conducts the business of	he cable system.		
	If there were different owners during the single statement of account and royalty for		the last day of the accounting period should ting period.	l submit a	
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	7001	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM			
	CableSouth Media III, LLC				
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT))		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
	1056 Jones Blvd (Number, street, rural route, apartment, or suite n	umber)			
	Milan, TN 38358 (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	:			
	2 1056 Jones Blvd (Number, street, rural route, apartment, or suite in Milan, TN 38358				

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 ID#
Name	CableSouth Media III, LLC	7001
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorport discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future	orated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	r mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Lonoke	AR
ommunity		
as Necessary		

	LEGAL NAME OF OWNER OF C	ABI E SVSTEM						FORM SA1	TEM ID
Name	CableSouth Media III, LI							010	700
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	•		-					
Secondary	system, that is, the retransmission about other services (including p								
Secondary Transmission	last day of the accounting period	, , ,	,		,			ng on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary	,		0 / 1					
Rates	each category by counting the n	•		0,0				charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc	•	,		iy standar		wiann a p		
	Block 1: In the left-hand block	in space E, the	e form li	sts the categor	ies of seco	ondary transmiss	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Not			0		0			
	categories, that person or entity subscriber who pays extra for ca					• • •	•		
	first set" and would be counted of								
	Block 2: If your cable system	0			()	service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-h	and block. A tw	o- or three	e-word description	on of the s	ervice is	
	sufficient.							()	
	BL	OCK 1 NO. OF					BLOC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		22	32.85					
	 Service to additional set(s) 								
	 FM radio (if separate rate) 								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	 Non-residential 								
									1
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					l vour cable svst	em's servi	ces that were	
F	not covered in space E, that is, t	•	,		•	• •			
	service for a single fee. There ar	e two exceptio	ns: you	do not need to	give rate i	nformation conc	erning (1)	services	
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	tes are cha	arged on a varia	ble per-pro	ogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	e svstem for ea	ch of the a	oplicable servic	es listed.		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				shed. List t	these other servi	ices in the	form of a	
	brief (two- or three-word) descrip	otion and includ	le the ra	ite for each.			_		
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable		• Mo	tel, hotel					
	 Pay cable—add'l channel 		• Coi	mmercial					
	 Fire protection 		-	/ cable					
	 Burglar protection 		•Pay	y cable-add'l ch	annel				
	Installation: Residential		• Fire	e protection					
	First set	75.00	• Bur	glar protection					
	 Additional set(s) 		Other s	services:					
	• FM radio (if separate rate)		•Red	connect		75.00			
	Converter	5.00	• Dis	connect					
			• Out	tlet relocation					
			_	ve to new addr		20.00			
			• 1010	ve to new addin	ess	39.99			

ccounting Period:	2022/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	CableSouth Media III,			7001
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(4 substitute program basis, an Substitute Basis Stations basis under specific FCC rute. Do not list the station here station was carried only on 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 (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> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of iles, regulations, or authorizations: e in space G—but do list it in space I (f 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 d with a station according to its over-th	t (1) stations carried only on a part-t the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub the Special Statement and Program I ed 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 indepu- or "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in 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 KLRT	4 6	N N	Little Rock, AR
Add Rows as Necessary	KATV	7	N	Little Rock, AR
	KARZ	8	N	Little Rock, AR
	KVTN	9		Little Rock, AR
	KATV		N	Little Rock, AR
			N	Little Rock, AR
	KTHV	11	N	Little Rock, AR
	KLRT	13	N	Little Rock, AR
	KASN	12	N	Little Rock, AR

EGAL NAME OF			YSIEM:					SYSTEM I 70
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate i Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recein the Co sign of e the static ion's sign g a chech n's locatio	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 this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) 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	
OALL OIGH		0/0		UALL OION		0/0		
				Г				

Accounting Perio							FORM	I SA1-2E. PAGE 5	
Name	LEGAL NAME OF OWNER OF CableSouth Media III, I		STEM:					SYSTEM ID# 7001	
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G				
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify every no	nnetwork televi period, under sp	<i>sion program,</i> broadcast by becific present and former F	a distant sta CC rules, reg	gulations, or a	uthorization	ns. For a further	
Carriage:	1. SPECIAL STATEMEN								
Special Statement and	 During the accounting per 	riod, did yo	ur cable syster	m carry, on a substitute ba	isis, any non	network telev	/ision prog	am	
Program Log	broadcast by a distant station?								
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	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 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every no distant sta egulations, i ries like "mo Bulls." m was broa sign of the adcast stati hadian stati hath and day ve "5/7." es when th . Example: the "R" if the and regulat nming that	add additional onnetwork tele tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (f ons, if any, the v when your sy e substitute pr a program carr e listed program ions in effect d	I rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the ge 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 you ried by a system from 6:01 n was substituted for prog luring the accounting period	e program") t ted for the pr neral instruct am titles, for o "No." ram. e station is li e station is li e program. U r cable syste l:15 p.m. to 6 ramming tha od; enter the	that, during the ogramming of tions for furth example, "I L censed by the dentified). Ise numerals m. List the tio 5:28:30 p.m. t your system letter "P" if th	ne accounti of another s her informa ove Lucy" he FCC or, , with the n mes accura should be n was <i>requ</i> he listed pro	ing station tion. or in nonth ately <i>ired</i>	
	SI	SUBSTITUTE PROGRAM						7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	IAGE OCCU 6. TII FROM –		DELETION	
							_		
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Accounting Period:	2022/2 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II CableSouth Media III, LLC 700
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. \$ 7,446.76 IMPORTANT: You must complete a statement in space P concerning gross receipts.
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
	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 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	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 \$ 263,800.00
	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 0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	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# 7001
M Channels	 to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the 	You must give (1) the number of cha rs, and (2) the cable system's total r al number of channels on which the d television broadcast stations al number of activated channels cable system carried television broa cast services	number of activated channels cable	during the accounting period.	ations 10 43
N Individual to Be Contacted		D BE CONTACTED IF FURTHER I about this statement of account.)	NFORMATION IS NEEDED (I	dentify an individual to whom	
for Further Information	Name	Cristy Workman		Teleph	none 731-686-9227
	Address	1056 Jones Blvd (Number, street, rural route, apartment, o Milan, TN 38358 (City, town, state, zip)	or suite number)		
	Email	cworkman@swyftco	nnect.com	Fax (optional)	
O Certification	I, the undersig (Owr (Age in X (Offi	I (This statement of account must be ed, hereby certify that (Check one, bu er other than corporation or partner t of owner other than corporation of line 1 of space B and that the owner cer or partner) I am an officer (if a co line 1 of space B.	tt only one , of the boxes.) rship) I am the owner of the cal or partnership) I am the duly au is not a corporation or partnersh	ble system as identified in line 1 of sy uthorized agent of the owner of the c hip; or	pace B; or able system as identified
		d the statement of account and hereb te, and correct to the best of my know ion 1001(1986)]			nerein
				ine above to certify this statement. e" (e.g., /s/ John Smith)	_
		Typed or printed nam	e: William Welsh		
			of Accounting position held in corporation or partne	rship)	
		Date:		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

ounting Period: 2022/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
bleSouth Media III, LLC	700
 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 Y ES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name 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.	Q
	Q Interest Assessmen
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 Interest Assessmen
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
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
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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

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