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

STATEN	IENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	lary Transmissions by tems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
	ructions are located b of this workbook	11/1/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT: (	YYYY/(Period))	
	2023/1	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 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
		CableSouth Media III, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1615 Poydras St. Suite 650 (Number, street, rural route, apartment, or suite number)
		New Orleans, LA 70112 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:
	-	Swyft Connect
		MAILING ADDRESS OF CABLE SYSTEM:
	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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CableSouth Media III, LLC	10027
D	Instructions: List each separate community served by the cable system. A "d "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or	prated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known ilings.
Area Served	identified city.	mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First Community	Jena	LA
nunity	LaSalle Parrish	
Necessary		
snecessary		
		***************************************

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							-2E. PAGE
Name	CableSouth Media III, LI							0.0	1002
Е	SECONDARY TRANSMISSION					, transmission a	amilaa af th		
	In General: The information in s system, that is, the retransmission	•		-					
Secondary	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 n								
Rutes	separately for the particular serv							onargea	
	Rate: Give the standard rate c	-	-	•			-		
	unit in which it is generally billed				ny standar	d rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide	•		•					
	that applies to your system. Not								
	categories, that person or entity					0,			
	subscriber who pays extra for ca first set" and would be counted o					in the count un	der "Servic	e to the	
	Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	ind rates, in the	e right-h	and block. A tw	o- or three	e-word description	on of the se	ervice is	
	sufficient.	OCK 1					BLOCK	()	
		NO. OF					DLOCI	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		144	32.85					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS						
-	In General: Space F calls for rat					l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		• • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the		aoaanj	2			isie pei pi		
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which as	• •			-	÷ .			
	brief (two- or three-word) descrip	1 0			sileu. List i			IOTTI OF A	
	CATEGORY OF SERVICE	BLO RATE	-	GORY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATI
	Continuing Services:			ation: Non-res			UATEO		10411
	• Pay cable			tel, hotel					
	• Pay cable—add'l channel			mmercial					
	Fire protection		_	y cable					
	•Burglar protection		-	y cable-add'l ch	annel				
	Installation: Residential		-	e protection					
	• First set	150.00		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		150.00			
	Converter	5.00		connect					
		0.00		tlet relocation					
			Ou						
				ve to new addr	ess	150.00			

nting Period:	2023/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#
Nume	CableSouth Media III,	LLC		10027
G Primary Insmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations ca les, regulations, or authorizations: e in space G—but do list it in space I (th	(1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a st	t-time basis under grams [sections tations carried on a ubstitute program
	basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C. n case whether the station is a network : ering the letter "N" (for network), "N-M" ( , "E" (for noncommercial educational), c erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of the	see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa- ictions in the paper SA1-2 form. the community to which the statio	ctions. SPN, etc. Identify each port multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KLAX	3	N	Alexandria, LA
	KAQY	4	Ν	Monroe, LA
s Necessary	KARD	5	l	West Monroe, LA
	KNOE	6	N	Monroe, LA
	KLTM	7	E	Baton Rouge, LA
	WGN	19	<b>I</b>	Chicago, IL
	KNOE	9	N	Monroe, LA
		12	N	Alexandria, LA

LEGAL NAME O								SYSTEM I 100
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein the contract of the sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under of the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s ne station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	Γ							

Accounting Peric		-					FORM	I SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF CableSouth Media III, I		STEM:					SYSTEM ID# 10027
	SUBSTITUTE CARRIAGI				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 pecific present and former F	a <i>distant</i> sta CC rules, reg	ulations, or a	uthorizatior	ns. For a further
Carriage:	1. SPECIAL STATEMEN				5			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did yo	ur cable syster	n carry, on a substitute ba	sis, any noni	network telev	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you i	must comple	te the prog	ram
	log in block 2.				-			
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broa the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 gir <b>Column 6:</b> 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 statii hath and day ve "5/7." es when th Example: er "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 pri a program carr e listed program ions in effect d	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 ' asting 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- uring the accounting period	e program") t red for the pro- neral instruct in titles, for o "No." ram. e station is li- e station is id program. U r cable syste :15 p.m. to for ramming that id; enter the	hat, during th ogramming o tions 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 accounti 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>
			E PROGRAM			N SUBSTIT		7. REASON FOF
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
							-	
							-	
							-	
						_		
						_	-	
							-	
						_		
						_		
		+						

Accounting Period:	2023/1 FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY CableSouth Media III, LLC	/STEM ID# 10027
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.	,189.18
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	<u>52.00</u> 0.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	52.00
	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	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 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	
	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 # 2791FML1	
	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:	2023/1						FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF CableSouth M	OWNER OF CABLE SYSTEM: Iedia III, LLC					SYSTEM ID# 10027
M Channels	<ol> <li>to its subscriber</li> <li>Enter the tota system carried</li> <li>Enter the tota on which the o</li> </ol>	You must give (1) the number of rs, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channe cable system carried television cast services	total numb th the cabl ls n broadcas	ber of activated channels durin le	ing the ad	ccounting period.	IS 8 135
N Individual to Be Contacted		D BE CONTACTED IF FURTI about this statement of accou		PRMATION IS NEEDED (Iden	ntify an in	ndividual to whom	
for Further Information	Name	William Welsh				Telephone	504-272-7998 x5020
	Address	1615 Poydras St. Su (Number, street, rural route, apart New Orleans, LA 70 (City, town, state, zip)	ment, or sui	te number)			
	Email	regulatory@sw	yftconnec	ot.com		Fax (optional)	
O Certification	<ul> <li>I, the undersign</li> <li>(Own</li> <li>(Agen in</li> <li>X</li> <li>(Officient</li> <li>I have examine</li> </ul>	I (This statement of account m red, hereby certify that (Check of er other than corporation or p at of owner other than corpora line 1 of space B and that the of cer or partner) I am an officer ( line 1 of space B. d the statement of account and te, and correct to the best of my ion 1001(1986)]	artnership artnership ation or pa owner is no if a corpora hereby de	y one, of the boxes.) <b>p)</b> I am the owner of the cable s <b>artnership)</b> I am the duly author ot a corporation or partnership; of ation) or a partner (if a partnership; clare under penalty of law that a	system as prized age or ship) of the all statem	s identified in line 1 of space ent of the owner of the cable e legal entity identified as o nents of fact contained here	B; or system as identified wner of the cable system
		Typed or printed	Enter an e Enter sign	/s/ William Welsh electronic signature on the line a nature using an "/s/ signature" (e William Welsh Accounting			-
				on held in corporation or partnership	p)	11/01/2023	

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ounting Period: 2023/1			FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM II
bleSouth Media III, LLC		-	1002
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(             lowing sentence:</li></ul>	1)(A), of the Copyright Act by adding unts paid to the cable system for the transmitters, the system shall not inc ary transmissions pursuant to section page (vii) of the general instructions of gross receipts for secondary transm	basic clude sub- n 119."	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.       Name         Name       Name         Mailing Address       Mailing	) Address		
INTEREST ASSESSMENT			
You must complete this worksheet for those royalty payments submitted a For an explanation of interest assessment, see page (viii) of the general in			Q
For an explanation of interest assessment, see page (viii) of the general in	structions located in the paper SA1-2		Q Interest Assessmen
	structions located in the paper SA1-2		Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general in Line 1 Enter the amount of late payment or underpayment	structions located in the paper SA1-2		<b>Q</b> Interest Assessmer
For an explanation of interest assessment, see page (viii) of the general in	structions located in the paper SA1-2	2 form.	<b>Q</b> Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general in Line 1 Enter the amount of late payment or underpayment	structions located in the paper SA1-2		<b>Q</b> Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general in Line 1 Enter the amount of late payment or underpayment	x	2 form.  days 	<b>Q</b> Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general in Line 1 Enter the amount of late payment or underpayment 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	xx	2 form.  days 	<b>Q</b> Interest Assessmer
For an explanation of interest assessment, see page (viii) of the general in Line 1 Enter the amount of late payment or underpayment 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	x 0.00	2 form.  days 	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general in Line 1 Enter the amount of late payment or underpayment 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	x 0.00	2 form. days 274 	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general in Line 1 Enter the amount of late payment or underpayment 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	x 0.00 x 0.00	2 form. - days - 274 - charge)	Q Interest Assessmen
<ul> <li>For an explanation of interest assessment, see page (viii) of the general in Line 1 Enter the amount of late payment or underpayment</li></ul>	xx xx xx x 0.00 a 6 \$ (interest-rate.pdf. For further assistantight.gov.	2 form. - days - 274 - charge)	Q Interest Assessmen
<ul> <li>For an explanation of interest assessment, see page (viii) of the general in Line 1 Enter the amount of late payment or underpayment</li></ul>	xx xx xx x 0.00 x 0.00	2 form. - days - 274 - charge) ce please	Q Interest Assessmen
<ul> <li>For an explanation of interest assessment, see page (viii) of the general in Line 1 Enter the amount of late payment or underpayment</li></ul>	x	2 form. - - days - 274 - charge) ce please e, please	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general in Line 1 Enter the amount of late payment or underpayment</li></ul>	x	2 form. - - days - 274 - charge) ce please e, please	Q Interest Assessment
<ul> <li>For an explanation of interest assessment, see page (viii) of the general in Line 1 Enter the amount of late payment or underpayment</li></ul>	x	2 form. - - days - 274 - charge) ce please e, please	Q Interest Assessment
<ul> <li>For an explanation of interest assessment, see page (viii) of the general in Line 1 Enter the amount of late payment or underpayment</li></ul>	x	2 form. - - days - 274 - charge) ce please e, please	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general in Line 1 Enter the amount of late payment or underpayment</li></ul>	x	2 form. - - days - 274 - charge) ce please e, please	Q Interest Assessme
<ul> <li>For an explanation of interest assessment, see page (viii) of the general in Line 1 Enter the amount of late payment or underpayment</li></ul>	x	2 form. - - days - 274 - charge) ce please e, please	Q Interest Assessme

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