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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ems (Short Form) uctions are located of this workbook	11/1/23	\$ 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) Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional	- see instructions)	
В	Instructions: Give the full legal name of the owner of t title of the subsidiary, not that of the par	-	idiary of another corporation, give the full c	orporate

В		title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CableSouth Media III, LLC	26795
D	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, at will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Marksville	LA
Community	Avoylles Parrish	LA
	Hessmer	LA
d Rows as Necessary	Mansura	LÂ
	Bunkie	LA
	Evergreen	LA

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM						FORM SA	TEM ID
Name	CableSouth Media III, LI							010	2679
		20							
Е	SECONDARY TRANSMISSION								
	In General: The information in s	•		-					
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	, , ,	,		,			ig on the	
Service: Sub-	Number of Subscribers: Both						<b>,</b> ,		
scribers and	down by categories of secondary	,		0 / 1					
Rates	each category by counting the nu separately for the particular serv	•		0,0				charged	
	<b>Rate:</b> Give the standard rate c							e and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc								
	Block 1: In the left-hand block			•		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			0		0			
	subscriber who pays extra for ca						•		
	first set" and would be counted o	0			· · ·				
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, the printed in block 1)								
	with the number of subscribers a sufficient.	and rates, in the	e ngnt-n	and DIOCK. A IW	o- or three	e-word description	on or the se	ervice is	
		OCK 1					BLOC	(2	
		NO. OF		DATE	0.4.71			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set		610	32.85					
	Service to additional set(s)		010	52.05					
	( )								
	• FM radio (if separate rate) Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	5				
-	In General: Space F calls for rat					your cable syst	em's servi	ces that were	
F	not covered in space E, that is, t								
<b>0</b>	service for a single fee. There ar	•			•		• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually	billed. If ally la		arged on a varia	bic per-pro	gram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	e system for ea	ch of the a	pplicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which as	1 0			shed. List t	hese other servi	ces in the	form of a	
	brief (two- or three-word) descrip	ption and includ	e the ra	te for each.			T		
		BLO					0.175.0	BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER' ation: Non-res		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:     Pay cable				luentiai				
				tel, hotel					
	Pay cable—add'l channel     Eire protection		_	nmercial ( cable					
	Fire protection		-	/ cable / cable_odd'l.ch	oppel				
	•Burglar protection		-	/ cable-add'l ch	annei				
	Installation: Residential	450.00		e protection					
	• First set	150.00		glar protection					
	• Additional set(s)			services:		450.00			
			•Red	connect		150.00			
	• FM radio (if separate rate)								
	• FM radio (if separate rate)     • Converter	5.00		connect					
		5.00	• Out			150.00			

counting Period: 2	2023/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	CableSouth Media III,	LLC		26795
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(c substitute program basis, a	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c	<i>t</i> (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat	me basis under ms [sections ions carried on a
	basis under specific FCC ru • 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 <b>Column 1:</b> List each station	lles, regulations, or authorizations: e in space G—but do list it in space I (t	he Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP	.og)—if the on some other ons. N, etc. Identify each
	"WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	•	evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i	he air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KALB	2	Ν	Alexandria, LA
	KLAX	3	N	Alexandria, LA
s as Necessary	WNTZ	5	N	Natchez, MS
	KALB	6	N	Alexandria, LA
	WLPB-TV	7	Е	Baton Rouge, LA
	WGN	19	Ι	Chicago, IL
	KALB	9	N	Alexandria, LA
	KLAX	12	N	Alexandria, LA

CableSouth	F OWNER OF ( Media III, L		YSIEM:					SYSTEM I 267
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					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: Column 4: Colum	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 at 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 at ved at the headend, with the s opyright 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	
		GID		ONLE CICIN		0,0		
						·		

Accounting Perio			TEN4.				FOR	
Name	LEGAL NAME OF OWNER OF CableSouth Media III, I		I EM:					SYSTEM ID# 26795
	SUBSTITUTE CARRIAGI	E: SPECIA	AI STATEME	NT AND PROGRAM I C	)G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	tify every nor	nnetwork televi eriod, under sp	<i>sion program,</i> broadcast b becific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, or a	authorizatic	ons. For a further
Carriage:	1. SPECIAL STATEMEN				-			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network tele	vision prog	gr <u>am</u>
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer i	s "Yes," you	must comple	ete the pro	gram
	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. <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 give	ace, please a of every no a distant stat egulations, o ries like "mo Bulls." m was broad sign of the s adcast station adat station thand day ve "5/7." es when the	add additional prinetwork tele- tion and that y or authorization ovies" or "bask dcast live, entu- station broadco on's location (1 ons, if any, the when your sy e substitute pri-	rows to the tables. vision program ("substitut our cable system substitut ns. See page (v) of the ge etball." List specific progra- er "Yes." Otherwise enter asting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you	e program") t ted for the pro neral instruct am titles, for o "No." ram. e station is li e station is lid e program. U r cable syste	hat, during t ogramming tions for furtl example, "I I censed by tl lentified). se numerals m. List the t	he accoun of another her informa love Lucy' he FCC or, s, with the r imes accur	ting station ation. ' or , in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation nming that y	ions in effect d		od; enter the	letter "P" if t	, he listed p	
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	and regulation nming that y	ions in effect d your system w	uring the accounting perions as permitted to delete und	od; enter the der FCC rules	letter "P" if the sand regula	he listed pr tions in	
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation nming that y	ions in effect d your system w E PROGRAM	uring the accounting perions as permitted to delete und	d; enter the der FCC rules WHE CARRI	letter "P" if the sand regula	he listed pritions in	7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation nming that y UBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting perions as permitted to delete und	where the been been been been been been been be	letter "P" if ti s and regula N SUBSTIT AGE OCCU	he listed pr tions in FUTE JRRED MES	7. REASON FO
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	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation nming that y UBSTITUTI 2. LIVE?	E PROGRAM 3. STATION'S	uring the accounting perions as permitted to delete und	d; enter the der FCC rules WHE CARRI 5. MONTH	letter "P" if ti s and regula N SUBSTIT AGE OCCU	he listed pr tions in FUTE JRRED MES	7. REASON FC
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Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC	S	YSTEM ID 2679
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E         all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans         (as identified in space E) during the accounting period. For a further explanation of how to compute this         page (vii) of the general instructions located in the paper SA1-2 form         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, se	
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 • 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.	\$263,80(	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	or this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 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	-	
	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 \$52)	7,600)	
	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		
<b></b> _			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	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 Regist See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for i		

Accounting Period:	2023/1						FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF CableSouth M	OWNER OF CABLE SYSTEM: Iedia III, LLC					SYSTEM ID# 26795
M Channels	<ol> <li>to its subscriber</li> <li>1. Enter the tota system carried</li> <li>2. Enter the tota on which the comparison</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 numl th the cabl the cabl the cabl the cable the c	ber of activated channels du le st stations	iring the	accounting period.	IS 8 136
N Individual to Be Contacted		D BE CONTACTED IF FURTI about this statement of accou		DRMATION IS NEEDED (Ide	entify an		
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)	tment, or sui	ite number)			
	Email	regulatory@sw	yftconneo	ct.com		Fax (optional)	
O Certification	I, the undersign     (Owned)     (Agen     in     X     (Offici     in     I have examined)	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)]	ation or pa bowner is no if a corpora	ly one, of the boxes.) <b>p)</b> I am the owner of the cable <b>artnership)</b> I am the duly auth ot a corporation or partnership ation) or a partner (if a partner sclare under penalty of law tha	e system a norized aç o; or rship) of f	as identified in line 1 of space gent of the owner of the cable the legal entity identified as o ements of fact contained here	B; or system as identified wner of the cable system
		Typed or printed	Enter sign	/s/ William Welsh electronic signature on the line nature using an "/s/ signature" William Welsh			-
		Title: (Title of o Date:		Accounting on held in corporation or partnersh	hip)	11/01/2023	

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 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: 2023/1		FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM I
leSouth Media III, LLC		2679
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS E The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1) lowing sentence: "In determining the total number of subscribers and the gross amoun service of providing secondary transmissions of primary broadcast tr scribers and amounts collected from subscribers receiving secondary For more information on when to exclude these amounts, see the note on pa located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of made by satellite carriers to satellite dish owners?	(A), of the Copyright Act by adding the fol- nts paid to the cable system for the basic ransmitters, the system shall not include sub- ry transmissions pursuant to section 119." age (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	\$	-
Mailing Address Mailing A	Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as For an explanation of interest assessment, see page (viii) of the general inst		Q
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For an explanation of interest assessment, see page (viii) of the general inst 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	tructions located in the paper SA1-2 form.	Q Interest Assessmen
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<ul> <li>For an explanation of interest assessment, see page (viii) of the general institution 1 Enter the amount of late payment or underpayment</li> <li>Line 2 Multiply line 1 by the interest rate* and enter the sum here</li> <li>Line 3 Multiply line 2 by the number of days late and enter the sum here</li> <li>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</li> <li>* To view the interest rate chart click on www.copyright.gov/licensing/int contact the Licensing Division at (202) 707-8150 or licensing@copyrig</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment.</li> </ul>	tructions located in the paper SA1-2 form.	Q Interest Assessme
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