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 COPYRIG | Return completed workbook by email to | |
|----------------------|---|---|--|---|
| for Seconda | ry Transmissions by | DATE RECEIVED | AMOUNT | conlissos @convright.gov |
| - | ems (Short Form) | 2/27/2025 | \$ | For additional information, contact the U.S. Copyright Office Licensing Division at |
| in the first tab | of this workbook. | | ALLOCATION NUMBER | (202) 707-8150. |
| | | | | |
| A | ACCOUNTING PERIOD COVERED | BY THIS STATEMENT: (YY | YY/(Period)) | |
| | 2024/2 | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | |
| | | 1 | | |
| | | Barcode Data Filing Period (optional | - see instructions) | |
| Accounting Period | | | | |
| В | Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corp | | iary of another corporation, give the full corpora | ate title of |
| Owner | List any other name or names under which | h the owner conducts the business of th | e cable system. | |
| | If there were different owners during the statement of account and royalty fee payr | | ne last day of the accounting period should subm iod. | - |
| | Check here if this is the system's first filing | g. If not, enter the system's ID number a | ssigned by the Licensing Division. | 6301 |

| | | 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 |
| | | EAST ARKANSAS VIDEO, INC. |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM |
| | | P.O. BOX 2221 (Number, street, rural route, apartment, or suite number) |
| | | LITTLE ROCK, AR 72203-2221 (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 as 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 | P.O. BOX 1079 (Number, street, rural route, apartment, or suite number) |
| | | FORREST CITY, AR 72336 (City, town, state, zip code) |
| | | |
| | | |

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 filing, a determination that would be made by a court of law.

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM II |
|----------------------|---|---|
| Name | EAST ARKANSAS VIDEO, INC. | 630 |
| D | Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo | nmunity" is the same as a "community unit" as defined in FCC rule end communities within unincorporated areas and including single ou list will serve as a form of system identification hereafter know |
| Area | as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mo | |
| Area Served | identified city. | |
| | CITY OR TOWN | STATE |
| First | FORREST CITY | AR |
| Community | HAYNES | AR |
| | MARIANNA | AR |
| dd Rows as Necessary | WYNNE | AR |
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|-------------------------|---|----------------------------------|---|---|----------------------------|-------------------|--------------|-----------------------|--------------|--|--|
| Name | | | SYSTEM ID 630 | | | | | | | | |
| | EAST ARKANSAS VIDE | O, INC. | | | | | | | 030 | | |
| F | SECONDARY TRANSMISSION | I SERVICE: SU | JBSCR | BERS AND R | ATES | | | | | | |
| E | In General: The information in s | • | | • | | • | | | | | |
| Secondary | system, that is, the retransmissi | | | | | • | | | | | |
| Transmission | about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). | | | | | | | | | | |
| Service: Sub- | Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken | | | | | | | | | | |
| scribers and | down by categories of secondary transmission service. In general, you can compute the number of subscribers in | | | | | | | | | | |
| Rates | each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). | | | | | | | | | | |
| | separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge 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 provid that applies to your system. Not | | | | | | | | | | |
| | categories, that person or entity | | | - | | - | | | | | |
| | subscriber who pays extra for ca | | | | | ••• | • | | | | |
| | first set" and would be counted of | • | | | • • • | | | · | | | |
| | Block 2: If your cable system has rate categories for secondary transmission service that are different from those | | | | | | | | | | |
| | printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is | | | | | | | | | | |
| | sufficient. | | | | | | | | | | |
| | BLO | | | BLOCK | | | | | | | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBI | | RATE | CATE | ATEGORY OF SERVIC | | NO. OF SUBSCRIBERS | RATE | | |
| | Residential: | | | | | | | | | | |
| | Service to first set | | 393 | 120.95 | CABLE | CARDS | | 1 | 1.9 | | |
| | Service to additional set(s) | | | | HD CO | NVERTERS | | 226 | 5.9 | | |
| | • FM radio (if separate rate) | | DUAL TUNER CON | | VERTER | 53 | 14.9 | | | | |
| | Motel, hotel | | 0 | - | SPORT | S FEE | | 270 | 9.9 | | |
| | Commercial | | 0 | - | DTA CONVERTERS | | | 24 | 1.9 | | |
| | Converter | | | | STAND | ARD TUNER | CONVE | 1 | 11.9 | | |
| | Residential | | | | DIGITA | L VALUE PA | CK | 62 | 24.9 | | |
| | Non-residential | | | | | | | | | | |
| | | | | | | | | | | | |
| _ | SERVICES OTHER THAN SEC In General: Space F calls for ra | | | | | all vour cable sv | stem's serv | vices that were | | | |
| F | not covered in space E, that is, | • | , | | • | • • | | | | | |
| | service for a single fee. There a | | - | | - | | | | | | |
| Services | furnished at cost or (2) services | | | | | | | | | | |
| Other Than Secondary | amount of the charge and the un enter only the letters "PP" in the | | susually | / billed. If any i | rates are c | narged on a vari | able per-p | rogram basis, | | | |
| ransmissions: | Block 1: Give the standard ra | | the cabl | le system for e | ach of the | applicable servi | ces listed. | | | | |
| Rates | Block 2: List any services that | | | | - | - | - | | | | |
| | listed in block 1 and for which a | | - | | lished. List | these other ser | vices in the | e form of a | | | |
| | brief (two- or three-word) descrip | | | | | | | | | | |
| | | BLOCK 1 | | | | | | | | | |
| | | BLO | CK 1 | | | | | BLOCK 2 | | | |
| | CATEGORY OF SERVICE | BLO RATE | CATE | BORY OF SER | | RATE | CATEGO | DRY OF SERVICE | RATE | | |
| | CATEGORY OF SERVICE Continuing Services: | RATE | CATEC Installa | ation: Non-res | | RATE | | ORY OF SERVICE | | | |
| | CATEGORY OF SERVICE Continuing Services: • Pay cable | | CATEC Installa • Mo | ation: Non-res tel, hotel | | | | | | | |
| | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel | RATE | CATEC Installa • Mo • Col | ation: Non-res tel, hotel mmercial | | RATE 99.95 | | ORY OF SERVICE | RATE 64.0 | | |
| | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection | RATE | CATEC Installa • Mo • Col • Pay | ation: Non-res tel, hotel mmercial / cable | sidential | | | ORY OF SERVICE | | | |
| | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection | RATE | CATEC Installa • Mo • Col • Pay • Pay | ation: Non-res tel, hotel mmercial y cable y cable-add'l c | sidential | | | ORY OF SERVICE | | | |
| | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential | RATE 120.95 | CATEC Installa • Mo • Cou • Pay • Pay • Fire | ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection | sidential hannel | | | ORY OF SERVICE | | | |
| | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set | RATE 120.95 79.95 | CATEC Installa • Mo • Cor • Pay • Pay • Fire • Bur | ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protectior | sidential hannel | | | ORY OF SERVICE | | | |
| | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) | RATE 120.95 79.95 | CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other | ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection glar protectior services: | sidential hannel | 99.95 | | ORY OF SERVICE | | | |
| | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | RATE 120.95 79.95 79.95 | CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other • Ree | ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection glar protectior services: connect | sidential hannel | | | ORY OF SERVICE | | | |
| | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) | RATE 120.95 79.95 | CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur Other • Red • Dis | ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection rglar protectior services: connect connect | sidential hannel | 99.95 | | ORY OF SERVICE | | | |
| | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | RATE 120.95 79.95 79.95 | CATEC Installa • Mo • Col • Pay • Pay • Fire • Bur • Bur • Bur • Bur • Bur • Bur • Bur • Dis • Our | ation: Non-res tel, hotel mmercial y cable y cable-add'l c e protection glar protectior services: connect | hannel | 99.95 | | ORY OF SERVICE | | | |

| Nama | LEGAL NAME OF OWNER O | OF CABLE SYSTEM: | | SYSTEN | | | |
|-------------------------|---|--|--|--|--|--|--|
| Name | EAST ARKANSAS VIDEO, INC. | | | | | | |
| | PRIMARY TRANSMITTERS: | TELEVISION | | | | | |
| G | carried by your cable syste FCC rules and regulations | lentify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th | <i>t</i> (1) stations carried only on a part- he carriage of certain network prog | time basis under rams [sections | | | |
| Primary ransmitters: | | (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. | 31(e)(2) and (4))]; and (2) certain st | ations carried on a | | | |
| Television | Substitute Basis Stations | s: With respect to any distant stations ca | arried by your cable system on a si | ubstitute program | | | |
| | • Do <i>not</i> list the station her station was carried <i>only</i> or | | | | | | |
| | basis. For further informati Column 1: List each statio | I also in space I, if the station was carrie ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p | , see page (v) of the general instruc program services such as HBO, ES | ctions. PN, etc. Identify each | | | |
| | "WETA-2" as the same on | ed with a station according to its over-the the form. nel number the FCC assigned to the tele | | | | | |
| | | VRC is channel 4 in Washington, D.C. th case whether the station is a network | station an independent station or | a noncommercial | | | |
| | educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location | tering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), o terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of t | (for network multicast), "I" (for indep or "E-M" (for noncommercial educa uctions in the paper SA1-2 form. t the community to which the station | 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 | | | |
| | WREG | 3.1 | Ν | MEMPHIS, TN | | | |
| | WREG | 3.2 | N-M | MEMPHIS, TN | | | |
| lows as Necessary | WREG | 3.3 | N-M | MEMPHIS, TN | | | |
| | WREG | 3.4 | N-M | MEMPHIS, TN | | | |
| | wмс | 5.1 | Ν | MEMPHIS, TN | | | |
| | wмс | 5.2 | N-M | MEMPHIS, TN | | | |
| | wмс | 5.3 | N-M | MEMPHIS, TN | | | |
| | WMC | 5.4 | N-M | MEMPHIS, TN | | | |
| | WATN' | 6.1 | Ν | MEMPHIS, TN | | | |
| | WATN' | 6.2 | N-M | MEMPHIS, TN | | | |
| | WATN' | 6.3 | N-M | MEMPHIS, TN | | | |
| | WLMT | 9.1 | I | MEMPHIS, TN | | | |
| | | | I-M | MEMPHIS, TN | | | |
| | WLMT | 9.2 | 1-141 | , | | | |
| | WLMT WLMT | 9.2 | I-M | MEMPHIS, TN | | | |
| | | | | | | | |
| | WLMT | 9.3 | I-M | MEMPHIS, TN | | | |
| | WLMT WKNO | 9.3 10.1 | I-M E | MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN | | | |
| | WLMT WKNO WKNO WKNO | 9.3 10.1 10.2 10.3 | I-M E E-M | MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN | | | |
| | WLMT WKNO WKNO | 9.3 10.1 10.2 | I-M E E-M E-M E | MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN | | | |
| | WLMT WKNO WKNO WKNO KTEJ KTEJ | 9.3 10.1 10.2 10.3 12.1 12.2 | I-M E E-M E-M E E | MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN JONESBORO, AR JONESBORO, AR | | | |
| | WLMT WKNO WKNO WKNO KTEJ | 9.3 10.1 10.2 10.3 12.1 | I-M E E-M E-M E | MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN JONESBORO, AR | | | |
| | WLMT WKNO WKNO WKNO KTEJ KTEJ KTEJ KTEJ | 9.3 10.1 10.2 10.3 12.1 12.2 12.3 | I-M E E-M E-M E E E-M E-M | MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN JONESBORO, AR JONESBORO, AR JONESBORO, AR | | | |
| | WLMT WKNO WKNO WKNO KTEJ KTEJ KTEJ | 9.3 10.1 10.2 10.3 12.1 12.2 12.3 12.4 | I-M E E-M E-M E E E-M E-M | MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN MEMPHIS, TN JONESBORO, AR JONESBORO, AR JONESBORO, AR JONESBORO, AR | | | |

| counting Period: | 2024/2 | | | FORM SA1-2E. PAG | | | | | |
|------------------|---|---|---------------------------------------|---------------------------------------|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER C | OF CABLE SYSTEM: | | SYSTEM | | | | | |
| Naille | EAST ARKANSAS VI | IDEO, INC. | | 63 | | | | | |
| | PRIMARY TRANSMITTERS: | TELEVISION | | | | | | | |
| G | carried by your cable syste | dentify every television station (including em during the accounting period, <i>except</i> s in effect on June 24, 1981, permitting th | t (1) stations carried only on a pair | art-time basis under | | | | | |
| Primary | . | 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 | | | | | | | |
| Transmitters: | substitute program basis, | as explained in the next paragraph. | | | | | | | |
| Television | Substitute Basis Station | s: With respect to any distant stations ca | arried by your cable system on a | substitute program | | | | | |
| | | rules, regulations, or authorizations: | the Operation of Dreams | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | ere in space G—but do list it in space I (t in a substitute basis | he Special Statement and Progra | am 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 | | | | | | | | |
| | | ion concerning substitute basis stations, | | | | | | | |
| | 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 licensed by the | | | | | | | | |
| | FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. | | | | | | | | |
| | | | | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | | | |
| | WPXX | 16.2 | I-M | MEMPHIS, TN | | | | | |
| | WPXX | 16.3 | I-M | MEMPHIS, TN | | | | | |
| | wwtw | 19.1 | I | MEMPHIS, TN | | | | | |
| | KVTN | | | | | | | | |

| EGAL NAME O | | | | | | | | SYSTEM II 63 |
|--|---|---|--|---|---|--|---|----------------------------------|
| | t every radio s | station c |) arried on a separate and disc enerally receivable by your ca | | | | | Н |
| eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: In Column 2: S Column 3: If signal, indicate | it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio state this by placing | y the sys be rece ut the Co I sign of the stati tion's sig g a chec | II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process of mark in the "S/D" column. | at the system's I e system's FM ar this point, see p ssed by the cable | neadend, and ntenna, during age (v) of the system as a s | (2) it cai certain general separate | n be expected, stated intervals. instructions in the. e and discrete | Primary Transmitters Radio |
| | | | tion (the community to which the community with which th | | • | CC or, I | n the case of | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | od: 2024/2 | | | | | | FOR | VI SA1-2E. PAGE 5. | | |
|------------------------------|---|---------------|-------------------|---|------------------------|---------------|--------------------|--------------------|--|--|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# | | |
| Name | EAST ARKANSAS VID | EO, INC. | | | | | | 6301 | | |
| | SUBSTITUTE CARRIAGE | : SPECIA | | NT AND PROGRAM LO | G | | | | | |
| | In General: In space I, identi | fy every nor | nnetwork televi | s <i>ion program,</i> broadcast by | / a <i>distant</i> sta | tion, that ye | our cable syst | tem carried on a | | |
| | substitute basis during the a | • | | | | - | • | | | |
| Substitute | explanation of the programm | ing that mus | st be included in | n this log, see page (v) of th | ne general inst | tructions in | the paper SA | A1-2 form. | | |
| Carriage: | 1. SPECIAL STATEMENT | | | TITUTE CARRIAGE | | | | | | |
| Special | During the accounting per | iod, did you | ır cable systen | n carry, on a substitute ba | sis, any nonn | network tel | evision prog | ram | | |
| Statement and Program Log | broadcast by a distant sta | tion? | | | | | YES | XNO | | |
| Frogram Log | - | | | | <i>"</i> | | | | | |
| | Note: If your answer is "No | ," leave the | rest of this pa | ge blank. If your answer is | s "Yes," you r | nust comp | plete the prog | gram | | |
| | log in block 2. | | | | | | | | | |
| | 2. LOG OF SUBSTITUTE | | | | | | | | | |
| | In General: List each subsidered more and | | • | | s wherever p | ossible, if t | their meaning | g is | | |
| | clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting | | | | | | | | | |
| | period, was broadcast by a distant station and that your cable system substituted for the programming of another station | | | | | | | | | |
| | under certain FCC rules, re | | • | | | • | - | | | |
| | Do not use general categor | | ovies" or "bask | etball." List specific progra | am titles, for e | example, " | I Love Lucy" | or | | |
| | "NBA Basketball: 76ers vs. | | deast live ant | or "Vac " Otherwise optor | "No" | | | | | |
| | | | | er "Yes." Otherwise enter asting the substitute prog | | | | | | |
| | | • | | he community to which th | | censed by | the FCC or, | in | | |
| | the case of Mexican or Can | adian statio | ons, if any, the | community with which the | e station is ide | entified). | | | | |
| | | | when your sys | stem carried the substitute | e program. Us | se numera | lls, with the n | nonth | | |
| | first. Example: for May 7 giv | | | | | 1:-11 | 4: | -4-1. | | |
| | to the nearest five minutes. | | | ogram was carried by you | • | | | ately | | |
| | stated as "6:00–6:30 p.m." | | a program can | | 1.10 p.m. to o | .20.00 p.n | | | | |
| | | er "R" if the | listed progran | n was substituted for prog | ramming that | t your syst | em was <i>requ</i> | iired | | |
| | to delete under FCC rules a | • | | • | | | • | ogram | | |
| | was substituted for program | ••• | your system w | as permitted to delete und | ler FCC rules | and regu | lations in | | | |
| | effect on October 19, 1976. | | | | | | | | | |
| | | | | | WHE | N SUBST | TUTE | | | |
| | SI | JBSTITUT | E PROGRAM | l | | AGE OCC | | 7. REASON FOR | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | | TIMES | DELETION | | |
| | | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM | — то | | | |
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| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | S | | | | | | |
|-----------------------------------|---|------------------------------|--------------------------------|----------|--|--|--|--|--|
| Name | EAST ARKANSAS VIDEO, INC. | | | 630 | | | | | |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's seco (as identified in space E) during the accounting period. For a further explanation of how to c 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. | ondary transi ompute this | nission service amount, see | 3,605.79 | | | | | |
| | IMPORTANT: You must complete a statement in space P concerning gross receipts. | | (Amount of gro | • | | | | | |
| 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than See page (vi) of the general instructions located in the paper SA1-2 form for more information. | | 6263,800. | | | | | | |
| | 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 accounting period is \$52.00. | must pay for | this six-month | | | | | | |
| | Line 1. Royalty fee for accounting period | | | | | | | | |
| | 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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) | | | | | | | | |
| | | 63,800.00 | | | | | | | |
| | | 98,605.79 | | | | | | | |
| | | 65,194.21 | | | | | | | |
| | 4. Enter the amount of gross receipts from space K | | 198,605.79 | | | | | | |
| | 5. Enter the amount from line 3 | | 65,194.21 | | | | | | |
| | 6. Subtract line 5 from line 4 | | 133,411.58 | | | | | | |
| | 7. Multiply line 6 by .005 (enter figure here) | | · · · · | 667.06 | | | | | |
| | 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 | | \$ | 667.06 | | | | | |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but les | s than \$527 | ,600) | | | | | | |
| | 1. Enter the amount of gross receipts from space K | | | | | | | | |
| | | 63,800.00 | | | | | | | |
| | 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 otal Remittance | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) | 6 | 667.06 | | | | | | |
| Due | 2. Filing Fee (See the instructions for more information on filing fee calculations) | 6 | 20.00 | | | | | | |
| | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 | | \$ | 687.06 | | | | | |
| | | | | | | | | | |
| | EFT Trace # or TRANSACTION ID # | |] | | | | | | |

| Accounting Period: | 2024/2 | | | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|--|---|---------------------|
| News | LEGAL NAME OF C | OWNER OF CABLE SYSTEM: | | SYSTEM ID# |
| Name | EAST ARKANS | SAS VIDEO, INC. | | 6301 |
| M Channels | to its subscribers 1. Enter the total | bu must give (1) the number of channels on which the cable system carried television broa s, and (2) the cable system's total number of activated channels during the accounting per number of channels on which the cable | iod. | 7 |
| | system carried | television broadcast stations | | |
| | on which the ca | number of activated channels able system carried television broadcast stations ast services | | 44 |
| N Individual to Be Contacted | | BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.) | | |
| for Further | Name | SPENCER STONE | Telephone 501-378 | 8-3421 |
| Information | Address | P.O. BOX 2221 (Number, street, rural route, apartment, or suite number) LITTLE ROCK, AR 72203-2221 (City, town, state, zip) | | |
| | Email | SSTONE@WEHCO.COM Fax (option | al) | |
| O Certification | • I, the undersigne | (This statement of account must be certified and signed in accordance with Copyright Office ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) | | |
| | in li (Office in li • I have examined | t of owner other than corporation or partnership) I am the duly authorized agent of the own ine 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity ine 1 of space B. If the statement of account and hereby declare under penalty of law that all statements of fact c e, and correct to the best of my knowledge, information, and belief, and are made in good faith on 1001(1986)] | identified as owner of the o ontained herein | |

| X /s/ CHARLOTTE A. DIAL |
|---|
| Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) |
| Typed or printed name: CHARLOTTE A. DIAL |
| Title: VP OF ADMINISTRATION (Title of official position held in corporation or partnership) |
| Date: 02/21/2025 |

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 filing, a determination that would be made by a court of law.

| unting Period: 2024/2 | FORM SA1-2E. PAGE 8 |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| ST ARKANSAS VIDEO, INC. | 630 |
| 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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." | P Special Statement Concerning Gross Receipts Exclusior |
| 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? | |
| YES. Enter the total here and list the satellite carrier(s) below | |
| Name Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment | Q Interest Assessmer |
| x | |
| 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 | |
| ID number First community served Accounting period | |
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form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.