This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

| STATEMENT OF ACCOUNT   | FOR COPYRIGH  | IT OFFICE USE ONLY     | Return completed workbool by email to:  |
|--|---------------|------------------------|---|
| for Secondary Transmissions by Cable Systems (Short Form)          | DATE RECEIVED | AMOUNT                 | <u>coplicsoa@loc.gov</u><br>For additional information,                           |
| General instructions are located in the first tab of this workbook | 03/01/2018    | S<br>ALLOCATION NUMBER | contact the U.S. Copyright<br>Office Licensing Division at<br>Tel: (202) 707-8150 |

| A                    | ACCO | OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))   |       |
|----------------------|------|---|-------|
|                      |      | 2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31   |       |
|                      |      | Barcode Data Filing Period (optional - see instructions)  |       |
| Accounting<br>Period |      |   |       |
| В                    |      | Instructions:<br>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<br>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.   | 30411 |
|                      | -    | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM   |       |
|                      |      | TELECOMMUNICATIONS MANAGEMENT, LLC  |       |
|                      |      | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)  |       |
|                      |      |   |       |
|                      |      | MAILING ADDRESS OF OWNER OF CABLE SYSTEM  |       |
|                      |      | ONE MONTGOMERY PLAZA, 4TH FLOOR<br>(Number, street, rural route, apartment, or suite number)  |       |
|                      |      | SIKESTON, MO 63801<br>(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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in |       |
| System               | 1    | IDENTIFICATION OF CABLE SYSTEM:   |       |
|                      | -    | TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A NEWWAVE COMMUNICATIONS   |       |
|                      |      | MAILING ADDRESS OF CABLE SYSTEM:<br>210 E. EARLL DRIVE  |       |
|                      | 2    | (Number, street, rural route, apartment, or suite number)   |       |
|                      |      | PHOENIX, AZ 85012<br>(City, town, state, zip code)  |       |
| L                    |      |   |       |

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

|                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | FORM SA1-2E. PA( SYSTEM                                  |
|---------------------|--|--|
| Name                |  |  |
|                     | TELECOMMUNICATIONS MANAGEMENT, LLC   | 304  |
| D                   | Instructions: List each separate community served by the cable system. A "communit<br>"a separate and distinct community or municipal entity (including unincorporated con<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis<br>as the "first community." Please use it as the first community on all future filings. | nmunities within unincorporated areas and including sing |
| Area                | Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho   | me parks should be reported in parentheses below the     |
| Served              | identified city.   |  |
|                     | CITY OR TOWN   | STATE  |
| First               | NEWTON   | IL   |
| Community           | OLNEY  | L  |
|                     | ODON   | IN   |
| d Rows as Necessary | JASPER COUNTY  | IL   |
| a noms as necessary | RICHLAND COUNTY  | IL   |
|                     |  |  |
|                     | DAVIESS COUNTY   | IN   |
|                     | ELNORA   | IN   |
|                     | NEWBERRY   | IN   |
|                     | KNOX CPOUNTY (NE)  | IN   |
|                     | PLAINVILLE   | IN   |
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| Name          | LEGAL NAME OF OWNER OF CA  | ADEL OTOTEN.        |              |                      |          |                  |             | 010                   | TEM ID |
|---------------|--|---------------------|--------------|----------------------|----------|------------------|-------------|-----------------------|--------|
|               |  |                     |              |                      |          |                  |             |                       | 3041   |
|               | TELECOMMUNICATION  | 5 MANAGE            |              | , LLC                |          |                  |             |                       |        |
| Е             | SECONDARY TRANSMISSION   |                     |              | -                    | -        |                  |             |                       |        |
| E             | In General: The information in sp  |                     |              |                      |          |                  |             |                       |        |
| Secondary     | system, that is, the retransmissic about other services (including p     |                     |              |                      |          |                  |             |                       |        |
| Transmission  | last day of the accounting period  |                     |              |                      |          |                  |             | ig on the             |        |
| Service: Sub- | Number of Subscribers: Both  |                     |              |                      |          |                  | ole system, | broken                |        |
| scribers and  | down by categories of secondary  |                     |              |                      |          |                  |             |                       |        |
| Rates         | each category by counting the nu   |                     |              |                      |          |                  |             | charged               |        |
|               | separately for the particular servi<br>Rate: Give the standard rate cl   |                     |              |                      |          |                  |             | e and the             |        |
|               | unit in which it is generally billed.                                    |                     |              |                      |          |                  |             |                       |        |
|               | category, but do not include disc  | ounts allowed f     | for adva     | nce payment.         | -        |                  |             |                       |        |
|               | Block 1: In the left-hand block  |                     |              |                      |          |                  |             |                       |        |
|               | systems most commonly provide<br>that applies to your system. Note       |                     |              |                      |          |                  |             |                       |        |
|               | categories, that person or entity  |                     |              |                      |          |                  |             |                       |        |
|               | subscriber who pays extra for ca   |                     |              |                      |          |                  |             |                       |        |
|               | first set" and would be counted o  |                     |              |                      |          |                  |             |                       |        |
|               | Block 2: If your cable system h  |                     |              |                      |          |                  |             |                       |        |
|               | printed in block 1 (for example, ti                                      |                     |              |                      |          |                  |             |                       |        |
|               | with the number of subscribers a<br>sufficient.                          | nu rates, in the    | : nym-na     | and Diock. A tw      |          | e-word descripti |             | ervice is             |        |
|               |  | DCK 1               |              |                      |          |                  | BLOCK       | 2                     |        |
|               | CATEGORY OF SERVICE  | NO. OF<br>SUBSCRIBI |              | RATE                 | CATI     | EGORY OF SEI     | RVICE       | NO. OF<br>SUBSCRIBERS | RAT    |
|               | Residential:   | CODOCIAD            |              | TUTE                 | 0,111    |                  | (IIIOE      | COBCONIDENCO          |        |
|               | Service to first set   |                     | 2,564        | \$36.30              |          |                  |             |                       |        |
|               | Service to additional set(s)   |                     | _,           |                      |          |                  |             |                       |        |
|               | • FM radio (if separate rate)  |                     |              |                      |          |                  |             |                       |        |
|               | Motel, hotel   |                     |              |                      |          |                  |             |                       |        |
|               | Commercial   |                     | 222          | \$36.30              |          |                  |             |                       |        |
|               | Converter  |                     |              |                      |          |                  |             |                       |        |
|               | Residential  |                     |              |                      |          |                  |             |                       |        |
|               | Non-residential  |                     |              |                      |          |                  |             |                       |        |
|               |  |                     |              |                      |          |                  |             |                       |        |
|               | SERVICES OTHER THAN SEC  | ONDARY TRA          | NSMISS       | SIONS: RATES         | S        |                  |             |                       |        |
| F             | In General: Space F calls for rat  | •                   | ,            |                      | •        | • •              |             |                       |        |
|               | not covered in space E, that is, the                                     |                     |              |                      |          |                  |             |                       |        |
| Services      | service for a single fee. There are furnished at cost or (2) services of |                     |              |                      |          |                  |             |                       |        |
| Other Than    | amount of the charge and the un  |                     |              |                      |          |                  |             |                       |        |
| Secondary     | enter only the letters "PP" in the                                       | rate column.        | -            | -                    |          | -                |             |                       |        |
| ransmissions: | Block 1: Give the standard rate  |                     |              |                      |          |                  |             |                       |        |
| Rates         | Block 2: List any services that<br>listed in block 1 and for which a s   | • •                 |              |                      | -        | • •              |             |                       |        |
|               | brief (two- or three-word) descrip                                       |                     |              |                      |          |                  |             |                       |        |
|               | , , ,  | BLO                 | <b>~</b> K 1 |                      |          |                  |             | BLOCK 2               |        |
|               | CATEGORY OF SERVICE  |                     |              | ORY OF SER           | VICE     | RATE             | CATEGO      | DRY OF SERVICE        | RATE   |
|               | Continuing Services:   |                     | Installa     | tion: Non-res        | idential |                  |             |                       |        |
|               | Pay cable  | \$9-\$18.00         | • Mot        | el, hotel            |          |                  |             |                       |        |
|               | Pay cable—add'l channel  |                     | • Con        | nmercial             |          |                  |             |                       |        |
|               | Fire protection  |                     | • Pay        | cable                |          |                  |             |                       |        |
|               | •Burglar protection  |                     | • Pay        | cable-add'l ch       | annel    |                  |             |                       |        |
|               | Installation: Residential  |                     |              | protection           |          |                  |             |                       |        |
|               | First set  | \$40.00             |              | ,<br>glar protection |          |                  |             |                       |        |
|               | <ul> <li>Additional set(s)</li> </ul>                                    |                     |              | ervices:             |          |                  |             |                       |        |
|               | • FM radio (if separate rate)  |                     | • Rec        | onnect               |          | \$25.00          |             |                       |        |
|               | • Converter  |                     |              | connect              |          |                  |             |                       |        |
|               |  |                     |              | let relocation       |          |                  |             |                       |        |
|               |  |                     | 0.01         |                      |          |                  |             |                       |        |

|                      | LEGAL NAME OF OWNER O   | F CABLE SYSTEM:   |                                      | SYSTEM   |
|----------------------|---|---|--------------------------------------|--|
| lame                 | TELECOMMUNICATI   | ONS MANAGEMENT, LLC   |                                      | 30   |
|                      | PRIMARY TRANSMITTERS:   | •   |                                      |  |
| G                    | In General: In space G, ide<br>carried by your cable syste                      | entify every television station (including t<br>or during the accounting period, <i>except</i><br>in effect on June 24, 1981, permitting th | (1) stations carried only on a part- | -time basis under                                    |
| imary                | 76.59(d)(2) and (4), 76.61(   | (e)(2) and (4), or 76.63 (referring to 76.61  |                                      |  |
| smitters:<br>evision |   | as explained in the next paragraph.<br>s: With respect to any distant stations ca   | rried by your cable system on a su   | ubstitute program                                    |
| Worth                | basis under specific FCC r  | ules, regulations, or authorizations:   |                                      |  |
|                      | <ul> <li>Do not list the station her<br/>station was carried only or</li> </ul> | re in space G—but do list it in space I (th<br>n a substitute basis.  | e Special Statement and Program      | n Log)—if the  |
|                      | List the station here, and  | also in space I, if the station was carried   |                                      |  |
|                      |   | on concerning substitute basis stations, son's call sign. <i>Do not</i> report origination p  |                                      |  |
|                      |   | ed with a station according to its over-the   |                                      |  |
|                      | "WETA-2" as the same on   | the form.<br>The number the FCC assigned to the telev   | vision station for broadcasting over | r the air in its community                           |
|                      | of license. For example, W  | VRC is channel 4 in Washington, D.C.  | , C                                  |  |
|                      |   | h case whether the station is a network s   | •                                    |  |
|                      |   | ering the letter "N" (for network), "N-M" (f<br>), "E" (for noncommercial educational), or  |                                      |  |
|                      | For the meaning of these to   | erms, see page (iv) of the general instruc  | ctions in the paper SA1-2 form.      |  |
|                      |   | on of each station. For U.S. stations, list a<br>adian stations, if any, give the name of th  | 5                                    |  |
|                      |   |   |                                      | in Bildentined.                                      |
|                      |   |   |                                      |  |
|                      | 1. CALL SIGN  | 2. B'CAST CHANNEL NUMBER  | 3. TYPE OF STATION                   | 4. LOCATION OF STATION                               |
|                      |   |   |                                      |  |
|                      | WAWV  | 39  | N                                    | TERRE HAUTE, IN                                      |
|                      | WAWV  | 39<br>10  | N                                    | TERRE HAUTE, IN         TERRE HAUTE, IN              |
| s as Necessary       |   |   |                                      |  |
| s as Necessary       | WTHI  | 10  |                                      | TERRE HAUTE, IN                                      |
| s as Necessary       | WTHI<br>WTVW  | 10<br>28  | N<br>1                               | TERRE HAUTE, IN<br>EVANSVILLE, IN                    |
| s as Necessary       | WTHI<br>WTVW<br>WTWO  | 10<br>28<br>36  | N<br>1<br>N                          | TERRE HAUTE, IN<br>EVANSVILLE, IN<br>TERRE HAUTE, IN |
| s as Necessary       | WTHI<br>WTVW<br>WTWO  | 10<br>28<br>36  | N<br>1<br>N                          | TERRE HAUTE, IN<br>EVANSVILLE, IN<br>TERRE HAUTE, IN |
| s as Necessary       | WTHI<br>WTVW<br>WTWO  | 10<br>28<br>36  | N<br>1<br>N                          | TERRE HAUTE, IN<br>EVANSVILLE, IN<br>TERRE HAUTE, IN |
| s as Necessary       | WTHI<br>WTVW<br>WTWO  | 10<br>28<br>36  | N<br>1<br>N                          | TERRE HAUTE, IN<br>EVANSVILLE, IN<br>TERRE HAUTE, IN |
| s as Necessary       | WTHI<br>WTVW<br>WTWO  | 10<br>28<br>36  | N<br>1<br>N                          | TERRE HAUTE, IN<br>EVANSVILLE, IN<br>TERRE HAUTE, IN |
| s as Necessary       | WTHI<br>WTVW<br>WTWO  | 10<br>28<br>36  | N<br>1<br>N                          | TERRE HAUTE, IN<br>EVANSVILLE, IN<br>TERRE HAUTE, IN |
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| s as Necessary       | WTHI<br>WTVW<br>WTWO  | 10<br>28<br>36  | N<br>1<br>N                          | TERRE HAUTE, IN<br>EVANSVILLE, IN<br>TERRE HAUTE, IN |
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| s as Necessary       | WTHI<br>WTVW<br>WTWO  | 10<br>28<br>36  | N<br>1<br>N                          | TERRE HAUTE, IN<br>EVANSVILLE, IN<br>TERRE HAUTE, IN |
| s as Necessary       | WTHI<br>WTVW<br>WTWO  | 10<br>28<br>36  | N<br>1<br>N                          | TERRE HAUTE, IN<br>EVANSVILLE, IN<br>TERRE HAUTE, IN |
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| s as Necessary       | WTHI<br>WTVW<br>WTWO  | 10<br>28<br>36  | N<br>1<br>N                          | TERRE HAUTE, IN<br>EVANSVILLE, IN<br>TERRE HAUTE, IN |
| s as Necessary       | WTHI<br>WTVW<br>WTWO  | 10<br>28<br>36  | N<br>1<br>N                          | TERRE HAUTE, IN<br>EVANSVILLE, IN<br>TERRE HAUTE, IN |
| s as Necessary       | WTHI<br>WTVW<br>WTWO  | 10<br>28<br>36  | N<br>1<br>N                          | TERRE HAUTE, IN<br>EVANSVILLE, IN<br>TERRE HAUTE, IN |
| s as Necessary       | WTHI<br>WTVW<br>WTWO  | 10<br>28<br>36  | N<br>1<br>N                          | TERRE HAUTE, IN<br>EVANSVILLE, IN<br>TERRE HAUTE, IN |
| s as Necessary       | WTHI<br>WTVW<br>WTWO  | 10<br>28<br>36  | N<br>1<br>N                          | TERRE HAUTE, IN<br>EVANSVILLE, IN<br>TERRE HAUTE, IN |
| s as Necessary       | WTHI<br>WTVW<br>WTWO  | 10<br>28<br>36  | N<br>1<br>N                          | TERRE HAUTE, IN<br>EVANSVILLE, IN<br>TERRE HAUTE, IN |

| Accounting F   | Period: 2017  | /2   |  |  |   |                                     | FORM   | /I SA1-2E. PAGE 4.                |
|--|---|--|--|--|---|-------------------------------------|--|-----------------------------------|
| LEGAL NAME OF  |   |  |  |  |   |                                     |  | SYSTEM ID#                        |
| TELECOMM   | UNICATIO  | NS MA  | NAGEMENT, LLC  |  |   |                                     |  | 30411                             |
| all-band basis v   | t every radio s<br>whose signals  | station ca<br>were ge  | arried on a separate and discre<br>nerally receivable by your cab  | le system during   | the accountin                                       | ig perio                            | 1.   | Н                                 |
| For the basis of<br>For detailed info<br>paper SA1-2 fo<br>Column 1: lo<br>Column 2: S | ) it is carried b<br>monitoring, to<br>ormation abou<br>rm.<br>dentify the cal<br>State whether | y the sys<br>be recein<br>at the Co<br>I sign of the station | I-Band FM Carriage: Under C<br>stem whenever it is received a<br>ived at the headend, with the s<br>opyright Office regulations on t<br>each station carried.<br>on is AM or FM.<br>nal was electronically process | t the system's he<br>system's FM ante<br>his point, see pa | eadend, and (2<br>enna, during c<br>ge (v) of the g | 2) it can<br>ertain st<br>leneral i | be expected,<br>ated intervals.<br>nstructions in the. | Primary<br>Transmitters:<br>Radio |
| signal, indicate<br>Column 4: G  | this by placing<br>Give the station   | g a checl<br>n's locati                                      | k mark in the "S/D" column.<br>on (the community to which th<br>the community with which the   | e station is licen   | sed by the FC                                       |                                     |  |                                   |
| CALL SIGN  | AM or FM  | S/D  | LOCATION OF STATION  | CALL SIGN  | AM or FM  | S/D                                 | LOCATION OF STATION                                    |                                   |
| SALE OION  |   | 5,0  |  |  |   | 5,0                                 |  |                                   |
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| Accounting Perio        | od: 2017/2   |                       |                           |   |                     | FOR                       | M SA1-2E. PAGE 5. |
|-------------------------|--|-----------------------|---------------------------|---|---------------------|---------------------------|-------------------|
| News                    | LEGAL NAME OF OWNER OF   | CABLE SYS             | TEM:                      |   |                     |                           | SYSTEM ID#        |
| Name                    | TELECOMMUNICATIO   | NS MANA               | GEMENT, L                 | LC  |                     |                           | 30411             |
|                         |  |                       |                           |   | <u>_</u>            |                           |                   |
| I                       | SUBSTITUTE CARRIAGE<br>In General: In space I, identi            | fy every noi          | nnetwork televis          | ion program, broadcast by                                 | a distant stati     |                           |                   |
| Outpatitude             | substitute basis during the ac<br>explanation of the programm    |                       |                           |   |                     |                           |                   |
| Substitute<br>Carriage: | 1. SPECIAL STATEMEN  |                       |                           |   | general insu        |                           | -2 101111.        |
| Special                 | During the accounting peri                                       |                       |                           |   | s any nonnei        | twork television program  | n                 |
| Statement and           | broadcast by a distant stat                                      | •                     | i cable system            | carry, on a substitute basi                               | s, any nonne        |                           |                   |
| Program Log             | -  |                       |                           |   |                     | YES                       | NO                |
|                         | Note: If your answer is "No"                                     | , leave the           | rest of this pag          | e blank. If your answer is '                              | 'Yes," you mu       | ist complete the progra   | m                 |
|                         | log in block 2.  |                       |                           |   |                     |                           |                   |
|                         | 2. LOG OF SUBSTITUTE<br>In General: List each subst              |                       |                           | te line. Lise abbreviations v                             | wherever nos        | sible if their meaning is |                   |
|                         | clear. If you need more space                                    |                       |                           |   | Milerever pos       |                           | >                 |
|                         | Column 1: Give the title   | of every no           | nnetwork telev            | sion program ("substitute p                               |                     |                           |                   |
|                         | period, was broadcast by a<br>under certain FCC rules, reg       |                       |                           |   |                     |                           |                   |
|                         | Do not use general categori                                      |                       |                           |   |                     |                           |                   |
|                         | "NBA Basketball: 76ers vs.                                       | Bulls."               |                           |   |                     | - F-, <b>,</b> -          |                   |
|                         |  |                       |                           | "Yes." Otherwise enter "N                                 |                     |                           |                   |
|                         |  |                       |                           | sting the substitute progra<br>the community to which the |                     | nsed by the FCC or. in    |                   |
|                         | the case of Mexican or Can                                       |                       |                           |   |                     |                           |                   |
|                         |  |                       | when your sys             | tem carried the substitute p                              | program. Use        | numerals, with the more   | nth               |
|                         | first. Example: for May 7 giv                                    |                       | substitute pro            | gram was carried by your o                                | able system         | List the times accurate   |                   |
|                         | to the nearest five minutes.                                     |                       |                           |   |                     |                           | , i y             |
|                         | stated as "6:00-6:30 p.m."                                       |                       |                           |   |                     |                           |                   |
|                         | <b>Column 7:</b> Enter the letter<br>to delete under FCC rules a |                       |                           | was substituted for progra                                |                     |                           |                   |
|                         | was substituted for program                                      |                       |                           |   |                     |                           | am                |
|                         | effect on October 19, 1976.                                      |                       | , <b>,</b>                | - F   |                     |                           |                   |
|                         |  |                       |                           |   | WHE                 | EN SUBSTITUTE             |                   |
|                         | S  | UBSTITUT              | E PROGRAM                 |   | CARRI               | AGE OCCURRED              | 7. REASON FOR     |
|                         | 1. TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION                                     | 5. MONTH<br>AND DAY | 6. TIMES<br>FROM — TO     | DELETION          |
|                         |  |                       |                           |   |                     | _                         |                   |
|                         |  |                       |                           |   |                     |                           |                   |
|                         |  |                       |                           |   |                     |                           |                   |
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|                         |  |                       |                           |   |                     | <u></u>                   |                   |
|                         |  |                       |                           |   |                     | <u> </u>                  |                   |
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|                         |  |                       |                           |   |                     |                           |                   |
|                         |  |                       |                           |   |                     |                           |                   |

| Accounting Period:                 | 2017/2   |                                       |                                   | FORM S                                  | 6. SA1-2E. PAGE 6.  |
|------------------------------------|--|---------------------------------------|-----------------------------------|---|---------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>TELECOMMUNICATIONS MANAGEMENT, LLC   |                                       |                                   | S                                       | 8YSTEM ID#<br>30411 |
| K<br>Gross Receipts                | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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 | stem's son of how                     | econdary trans<br>to compute this | mission servi<br>s amount, see<br>\$ 39 | се                  |
| L<br>Copyright<br>Royalty Fee      | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe:<br>• Complete block 1, block 2, <i>or</i> block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• Use block 2 if the amount of gross receipts in space K is more than \$137,100 bu<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu<br>See page (vi) of the general instructions located in the paper SA1-2 form for more inf   | ut less th                            | an \$527,600                      | \$263,800                               |                     |
|                                    | BLOCK 1: GROSS RECEIPTS OF \$137,10  | 00 OR L                               | ESS                               |   |                     |
|                                    | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00  | ee that yo                            | ou must pay for                   | this six-month                          | 1                   |
|                                    | 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 mo                               | ore 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 an   | ıd 8                                  | · · · · · · · · · · · · · · · ·   |   |                     |
|                                    | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80  | 00 (but l                             | ess than \$527                    | ,600)                                   |                     |
|                                    | 1. Enter the amount of gross receipts from space K   |                                       | 393,201.23                        |   |                     |
|                                    | 2. Base amount under statutory formula   |                                       | 263,800.00                        |   |                     |
|                                    | 3. Subtract line 2 from line 1   |                                       | 129,401.23                        |   |                     |
|                                    | 4. Multiply line 3 by .01  | <u>.</u>                              | \$                                | 1,294.01                                |                     |
|                                    | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)  | <u>.</u>                              | \$                                | 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                               |                                   | \$                                      | 2,613.01            |
|                                    | FILING FEE AND TOTAL REMITTANCE DUE  |                                       |                                   |   |                     |
|                                    |  |                                       |                                   |   |                     |
| Filing Fee and<br>Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)  | · · · · · · · · · · · · · · · · · · · | \$                                | 2,613.01                                |                     |
| Due                                | 2. Filing Fee (See the instructions for more information on filing fee calculations)   | · · · · · · · · · · · · · · · · · · · | \$                                | 20.00                                   |                     |
|                                    | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3   |                                       |                                   | \$                                      | 2,633.01            |
|                                    | Important: Your remittance must be in the form of an electronic paymer<br>See page i of the general instructions in the paper SA1-2 f  |                                       | -                                 |   | ghts!               |

| Accounting Period:                 | 2017/2  | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|---------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>TELECOMMUNICATIONS MANAGEMENT, LLC  | SYSTEM ID#<br>30411 |
| M<br>Channels                      | CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations .         2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations .         and nonbroadcast services .   | 5 244               |
| N<br>Individual to<br>Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  |                     |
| for Further<br>Information         | Name EMERSON YEARWOOD Telephone   | 602-364-6195        |
|                                    | Address 210 E. EARLL DRIVE<br>(Number, street, rural route, apartment, or suite number)<br>PHOENIX, AZ 85012<br>(City, town, state, zip)  |                     |
|                                    | Email EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-601  | 3                   |
| O<br>Certification                 | <ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]</li> <li>X /s/ RAYMOND STORCK</li> <li>Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</li> </ul> | stem as identified  |
|                                    | Typed or printed name:       RAYMOND STORCK         Title:       VICE PRESIDENT         (Title of official position held in corporation or partnership)   |                     |
|                                    | Date: February 28, 2018   |                     |

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 the 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 telephol 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 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 t 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 lav

| unting Period: 2017/2  | FORM SA1-2E. PAGE                        |
|--|--|
| L NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM I                                 |
| ECOMMUNICATIONS MANAGEMENT, LLC  | 3041                                     |
| 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 sub scribers 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. | Concerning Gross<br>Receipts Exclusion   |
| 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  |  |
|  |  |
|  |  |
| INTEREST ASSESSMENT  |  |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment  |  |
| 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  |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  |  |
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| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  | L Q Interest Assessme                    |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  |  |
| 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  |  |
| 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  | Interest Assessme                        |
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| 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  | Interest Assessme<br>-<br>lays<br>-<br>e |
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| 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  | Interest Assessme<br>-<br>lays<br>-<br>e |
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| 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  | Interest Assessme<br>-<br>lays<br>-<br>e |
| 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  | Interest Assessme<br>-<br>lays<br>-<br>e |

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