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 workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information.
General instructions are located in the first tab of this workbook	08/28/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	

~	ACCO		
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period		20181 Barcode Data Filing Feriod (optional - see instructions)	
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63676
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Inside Connect Cable LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 436449	
		(Number, street, rural route, apartment, or suite number)	
		Louisville, KY 40253 (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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Inside Connect Cable LLC	63676
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or	rated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter known ilings.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Bullitt	KY
Community		
Add Rows as Necessary		

Name Inside Connect Cable LLC E Secondary Transmission SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information 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). Number of Subscribers: So ob blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of subscribers). 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. (Example: %20/mth). Summarize any standard rate variations charged separately for the particular service at the rate individual or organization is receiving service. Include subscribers who pays extra for cable service the number of subscribers and rate for each listed category. That applies to your system. Note: Where an individual or organization is receiving service that falls under different categories. Indue the shandard rate categories for secondary transmissions). Statem, together with the number of subscribers and rate or applicable category. Stample: a residential subscriber who pays extra for cable service that additional set(s).** BLOCK 1 BLOCK 1 BLOCK 2 NO. OF category OF SERVICE NO. OF service to additional set(s).** Service for	SA1-2E. PAGE						ABLE SYSTEM:	LEGAL NAME OF OWNER OF CA	
F In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to buschefbers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the task day of the accounting period (Lune 30 or December 31, as the case may be). Service: Sub-state of the state of the cable system, that is, the retransmission service. In general, you can compute the number of subscribers in each cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each cable system is the trade indicade—ont the number of subscribers in each cable system is most commonly provide to their subscribers. Sub stander rate variations within a particular rate category, but do not include discounts allowed for advance payment. Biock 1: In the left-had block in space E. In form in subscribers. Sub the cable system mant commonly provide to their subscribers. Such that and there is allowed for advance payment. Biock 1: In the left-had block in space E. In form include on orthogonic service that cable systems most commonly provide to their subscribers. Such that and fifteen thised cabegory that on the cable or space and the included in the count under "Service to the the able category with the number of subscribers and rate, in the right-hand block. A two- or three-word description of the service is subscriber and rates. The retransmission should be counted one capital under "Service to distribute and the space form thom is space form thom in the space is able cable or space. The there is advance the space service that and fifteen the service is subscriber and rates. The right advand to the cable space is secondary transmissions. Serv	6367						LC	Inside Connect Cable LI	Name
categories, that person or entity should be counted as a subsoriber in each applicable category. Example: a residential subsoriber who pays exit for cable service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmissions service that are different from those printed in block 1 (for example, lies 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE NO. OF Service to first set 306 Service to additional set(s)		information ting on the ribers in charged ge and the particular rate ce that cable sted category	bers. Give i hose existi ble system, r of subscr anizations ice). f the charg s within a p sion servic for each list	stem to subscrib state must be th). ribers to the cab pute the number persons or orga s receiving servi th the amount of d rate variations ondary transmiss ribers and rate fi	ories of secondary dicasts by your sy e. All the facts you s the case may be e number of subsc eral, you can com ory (the number of the number of set ervice. Include bo narize any standary yment. categories of sec e number of subsc	cover all and radi ace F, nu ecember ce E call service. gs in that indicated h catego 20/mth"). for advar e form lis ribers. G	SERVICE: SU pace E should on of television way cable) in sp I (June 30 or D n blocks in space y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 counts allowed in space E, the e to their subsc	SECONDARY TRANSMISSION In General: The information in si system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide	Secondary Transmission Service: Sub- scribers and
Services CATEGORY OF SERVICE NO. OF SubSCRIBERS RATE CATEGORY OF SERVICE SuBSCRIBERS Residential: -Service to first set 306 29.90 -		: a residential ce to the rom those em, together	Example: der "Servic different fr ons), list the	icable category. in the count und service that are lary transmissio	criber in each appl would be included additional set(s)." dary transmission ne or more second	nted as a additiona er "Servi ories for s s that incl	should be cour ble service to a once again und has rate catego iers of services	categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a	
CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS Residential:			BLOCK					BLC	
Residential: • Service to first set 306 29.90 • Service to additional set(s) • FM radio (if separate rate) • Image: Service to additional set(s) • Image: Service to additional set(s) • FM radio (if separate rate) Motel, hotel • Image: Service to Converter • Image: Service to additional set(s) • Residential • Image: Services • Services of a single fee. There are two exceptions: you do not need to give rate information or converting (1) services for a single fee. There are two exceptions: you do not need to give rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters 'PP' in the rate column. Bick 1: Give the standard rate charged by the cable system for each of the applicable services listed. Bick 2: List any services that your cable system for each of the applicable services listed. Bick 1: Give the standard rate charged by the cable system for each of the applicable services listed. Bick 2: List any services that your cable system for each of the applicable services listed. Bick 2: List any services that your cable system for each of the applicable services listed. Bick 2: List any services that your cable system for each of the applicable services listed. Bick 2: List any services that your cable system for each of the applicable services listed. Bick 2: List any services that your cable system for each of the applicable s	s RAT		RVICE	GORY OF SEF	TE CAT			CATEGORY OF SERVICE	
Service to additional set(s) FM radio (if separate rate) Motel, hotel Commercial Converter ·Residential ·Non-residential ·N		CODOCINIDEIXO	WICE		0,11	-			
• FM radio (if separate rate)					29.90	306			
Motel, hotel Commercial Image: Commercial Image: Commercial Converter - Residential Image: Commercial Image: Commercial Image: Commercial Residential - Non-residential Image: Commercial Image: Commercial Image: Commercial F Services In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee (D) services or facilities furnished to nonsubscribers. Rate information concerning (1) services for limished to nonsubscribers. Rate information concerning (1) services fourthished at cost or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Converter 'Pay cable 'Motel, hotel 'Onverter Premium Channel 'Notel, hotel Converter 'Pay cable Burgla									
Commercial Converter								, , ,	
Converter Residential • Non-residential • Non-residential • Non-residential • Non-residential F SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each. EATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE • Pay cable • Notel, hotel • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Fire stet 49.95 • Burglar protection • Burglar protection <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
Pesidential Non-residential Non-residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission services other Than Secondary Transmissions: Rates Rates Services Other Than Secondary Transmissions: Rate Services Secondary Transmissions: Rate Sevices Services Other Service Sevices Services Sevices Se									
F Services Other Than Secondary Transmissions: Rates In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. E BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE Pay cable • Motel, hotel • Motel, hotel • Pay cable • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Fire protection • Pay cable • Pay cable • Pay cable • Fire p									
F In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services of amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Biock 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. Image: CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Pay cable - Motel, hotel • Pay cable • Motel, hotel • Fire protection • Pay cable • Fire protection • Pay cable • First set 49.95 • Additional set(s) • Other services: • Fire rotection • Burglar protection • First set 49.95 • Fire rotection • Burglar protection • First set 4								Non-residential	
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICEContinuing Services:Installation: Non-residentialConverter• Pay cable• Motel, hotel• CommercialConverter• Pay cable—add'l channel• Commercial• Pay cablePremium Channel• Fire protection• Pay cable• Pay cableInstallation: Residential• Pay cable• Burglar protection• Pay cable-add'l channel• Fire protection• Fire protection• First set49.95• Burglar protection• Motel, hotel• European• First set49.95• Burglar protection• Motel, hotel• European• First set• Pay cable - add'l channel• Fire protection• European• European• First set• Pay set• Burglar protection• European• European• First set• Pay set• Burglar protection• European• European• First of (if separate rate)• Reconnect• Reconnect• European		nsmission) services both the rogram basis,	ndary trans cerning (1) d include b able per-pro- ces listed. period that	n with any secon nformation conc formation should arged on a varia pplicable servic he accounting p	with respect to al ered in combination need to give rate in bscribers. Rate in If any rates are ch m for each of the a or offered during to established. List	ber) inforr that are r ns: you c nished to usually t he cable stem furn je was m	te (not subscrib hose services t re two exceptio or facilities furm hit in which it is rate column. te charged by th t your cable sys separate charg	In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s	Services Other Than Secondary Fransmissions:
Continuing Services:Installation: Non-residentialConverter• Pay cable• Motel, hotel• CommercialPremium Channel• Pay cable—add'l channel• Commercial• Pay cablePremium Channel• Fire protection• Pay cable• Pay cable• Pay cable• Burglar protection• Pay cable-add'l channel• Fire protection• Pay cable• First set49.95• Burglar protection• Burglar protection• First set49.95• Burglar protection• Burglar protection• FM radio (if separate rate)• Reconnect• Reconnect									
• Pay cable • Motel, hotel Image: Converter Premium Channel • Pay cable—add'l channel • Commercial Image: Converter Premium Channel • Fire protection • Pay cable Image: Converter Premium Channel • Burglar protection • Pay cable-add'l channel Image: Converter Premium Channel • Burglar protection • Pay cable-add'l channel Image: Converter Premium Channel • First set • Pay cable-add'l channel Image: Converter Premium Channel • First set • Pay cable-add'l channel Image: Converter Premium Channel • First set • Pay cable-add'l channel Image: Converter Premium Channel • First set • Pay cable-add'l channel Image: Converter Premium Channel • First set • Pay cable-add'l channel Image: Converter Premium Channel • First set • Pay cable -add'l channel Image: Converter Premium Channel • First set • Burglar protection Image: Converter Premium Channel • Additional set(s) • Burglar protection Image: Converter Premium Channel • FM radio (if separate rate) • Reconnect Image: Converter Premium Channel	CE RAT	ORY OF SERVICE	CATEGO	RATE			RATE		
• Pay cable—add'l channel • Commercial Premium Channel • Fire protection • Pay cable Installation: Residential • Pay cable-add'l channel • First set 49.95 • Burglar protection Installation: Residential • First set 49.95 • Burglar protection Installation: Residential • First set 49.95 • Burglar protection Installation: Residential • First set 49.95 • Burglar protection Installation: Residential • First set 49.95 • Burglar protection Installation: Residential • First set 49.95 • Burglar protection Installation: Residential • First set 49.95 • Burglar protection Installation: Residential • First set 49.95 • Burglar protection Installation: Residential • FM radio (if separate rate) • Reconnect Installation: Residential	2.9	rter	Conver					•	
• Fire protection • Pay cable • Pay cable • Burglar protection • Pay cable-add'l channel • Pay cable-add'l channel Installation: Residential • Fire protection • Burglar protection • First set 49.95 • Burglar protection • Additional set(s) • Other services: • Reconnect	16.9							,	
•Burglar protection •Pay cable-add'l channel Installation: Residential •Fire protection •First set 49.95 •Additional set(s) •Burglar protection •FM radio (if separate rate) •Reconnect					-				
• First set 49.95 • Burglar protection and • Additional set(s) • Cher services: • Hurglar protection • Hurglar protection • FM radio (if separate rate) • Reconnect • Method • Method					add'l channel				
Additional set(s) FM radio (if separate rate) Cher services: · Reconnect					ction	• Fire			
FM radio (if separate rate) Reconnect					otection	• Burg	49.95	First set	
					es:	Other s		 Additional set(s) 	
Converter Onverter Onverter Onverter Onverter Onverter								· · · /	
								Converter	
• Outlet relocation • Move to new address									

Accounting Period: 2	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Inside Connect Cable			63676
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations 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 informatio Column 1: List each station	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 ules, regulations, or authorizations: e in space G—but do list it in space I (t	t (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also s, see page (v) of the general instructio program services such as HBO, ESPN	me basis under ms [sections ons carried on a stitute program 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 location	•	evision station for broadcasting over th station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station is	he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	WAVE	3	N	Louisville, KY
	WAVE-DT2	3.2	I-M	Louisville, KY
Necessary Necessary	WAVE-DT2 WAVE-DT3	3.2	I-M	Louisville, KY
dd Rows as Necessary	WLKY	3.3	N	Louisville, KY
	WHAS	11	N	Louisville, KY
	WHAS-DT2	11.2	I-M	Louisville, KY
	WHAS-D12 WBKI	34	I-M	
	WKPC	15	E	Louisville, KY Louisville, KY
	WKPC-DT2	15.2	E-M	Louisville, KY
	WKPC-DT3	15.3	E-M	Louisville, KY
		21	I	Louisville, KY
	WBNA-DT2	21.2	I-M	Louisville, KY
	WBNA-DT3	21.3	I-M	Louisville, KY
	WBNA-DT4	21.4	I-M	Louisville, KY
	WLKY	32.2	I-M	Louisville, KY
	WDRB	41	N	Louisville, KY
	WDRB-DT2	41.2	I-M	Louisville, KY
	WMYO	58	I	Louisville, KY

EGAL NAME OF			YSTEM:					SYSTEM I 636
	t every radio s	station ca	arried on a separate and discr 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 ignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	It the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UNEL SIGN		3/0	LOUATION OF STATION	UALL SIGN		310	LOUATION OF STATION	

Accounting Perio	d: 2018/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Inside Connect Cable	LLC						63676
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
	In General: In space I, identi	fv everv noni	network televis	<i>ion program.</i> broadcast by	a distant stat	ion. that vour o	cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that must	be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	TITUTE CARRIAGE				
Special	 During the accounting period 	od, did your	cable system	carry, on a substitute basi	s, any nonne	twork televisio	on program	1
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO
Program Log	Note: If your anowar is "No?	loovo tho r	act of this pag	o blonk. If your anower is		unt normalata t	-	
	Note: If your answer is "No"	, leave the h	est of this pag	e blank. Il your answer is	res, you mu	ist complete t	ne progran	11
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if their r	neaning is	
	clear. If you need more spa						inouring io	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, reg Do not use general categori							l.
	"NBA Basketball: 76ers vs.						<i>L</i> uoy 0.	
				"Yes." Otherwise enter "N				
				sting the substitute progra		nood by the F	CC or in	
	the case of Mexican or Can			e community to which the community with which the				
	Column 5: Give the mon	th and day w	vhen your syst	tem carried the substitute	program. Use	numerals, wi	th the mon	th
	first. Example: for May 7 giv	e "5/7."						
				gram was carried by your				у
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sho	buid be	
		er "R" if the li	isted program	was substituted for progra	imming that y	our system w	as require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.	ming that yo	our system wa	s permitted to delete unde	r FCC rules a	nd regulation	s in	
					WHE	N SUBSTIT	UTE	
	S		E PROGRAM		CARRI	AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	MES TO	DELETION
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Inside Connect Cable LLC		63676
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, see	e,241.98
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 \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	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 must pay for accounting period is \$52.00	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		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Inside Connect Cable LLC	SYSTEM ID# 63676
M 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 which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . 	18 150+
N Individual to 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 Information	Name Bruce Beard, Cinnamon Mueller Telephone	314-462-9000
	Address 1714 Deer Track Trail, Suite 230 (Number, street, rural route, apartment, or suite number) St. Louis, MO 63131 (City, town, state, zip)	
	Email Bbeard@CinnamonMueller.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space B. (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B. (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)] (X /s/ TJ Scott Typed or printed name: VP of Operations (Title of official position held in corporation or partnership) (Title of official position held in corporation or partnership)	ystem as identified
	Date: August 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 telephoi 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 lay

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
de Connect Cable LLC	6367
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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