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

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@copyright.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 9-3-19 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

| Α | ACCO | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
|------------|------|---|
| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
| Accounting | | Barcode Data Filing Period (optional - see instructions) |
| Period | | |
| В | | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. |
| Owner | | List any other name or names under which the owner conducts the business of the cable system. |
| | | If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. |
| | | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. |
| | | 1 |
| | | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM |
| | | CableSouth Media III, LLC |
| | | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) |
| | | |
| | | MAILING ADDRESS OF OWNER OF CABLE SYSTEM |
| | | 1056 Jones Blvd (Number, street, rural route, apartment, or suite number) |
| | | Milan, TN 38358 |
| | | (City, town, state, zip) |
| С | | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: |
| | | MAILING ADDRESS OF CABLE SYSTEM: |
| | 2 | (Number, street, rural route, apartment, or suite number) |
| | | (City, town, state, zip code) |
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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.

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|-----------------------|---|---|
| Name | CableSouth Media III, LLC | 876 |
| D | Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that | ommunity" is the same as a "community unit" as defined in FCC rules: rated communities within unincorporated areas and including single, |
| Area | as the "first community." Please use it as the first community on all future fil Note: Entities and properties such as hotels, apartments, condominiums, or n | |
| Served | identified city. | |
| | CITY OR TOWN | STATE |
| First | Bernice | LA |
| Community | Dubach | |
| Add Rows as Necessary | | |
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|------------------------|--|------------------|-----------|--------------------------------|-------------|----------------------------|---------------|----------------|-----------|
| Name | LEGAL NAME OF OWNER OF C | | | | | | | 313 | 1 EIWI 1L |
| | CableSouth Media III, LI | | | | | | | | 01 |
| Е | SECONDARY TRANSMISSION | | | - | - | | | | |
| E | In General: The information in s | | | | | | | | |
| Secondary | system, that is, the retransmission about other services (including p | | | | | | | | |
| Transmission | last day of the accounting period | | | | | | | ig on the | |
| Service: Sub- | Number of Subscribers: Both | blocks in spa | ce E cal | I for the numbe | er of subsc | ribers to the cat | | | |
| scribers and | down by categories of secondary | | | | | | | | |
| Rates | each category by counting the nu separately for the particular serv | | | | | | | charged | |
| | Rate: Give the standard rate c | | | | | | | e and the | |
| | unit in which it is generally billed | (Example: "\$2 | 20/mth") | . Summarize a | | | | | |
| | category, but do not include disc | | | | ion of oon | andor stranomia | | that apple | |
| | Block 1: In the left-hand block systems most commonly provide | | | | | | | | |
| | that applies to your system. Note | | | | | | | | |
| | categories, that person or entity | should be cour | nted as a | a subscriber in | each appl | licable category. | Example: | a residential | |
| | subscriber who pays extra for ca | | | | | I in the count un | der "Servic | e to the | |
| | first set" and would be counted of Block 2: If your cable system I | | | | | service that are | different fro | om those | |
| | printed in block 1 (for example, ti | | | | | | | | |
| | with the number of subscribers a | nd rates, in the | e right-h | and block. A tw | vo- or thre | e-word descripti | on of the se | ervice is | |
| | sufficient. | DCK 1 | | | 1 | | BLOCK | <u>.</u> | |
| | | NO. OF | | | | | BLUCK | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIB | ERS | RATE | CAT | EGORY OF SEI | RVICE | SUBSCRIBERS | RAT |
| | Residential: | | 10 | | | | | | |
| | Service to first set | | 40 | 31.35 | | | | | |
| | Service to additional set(s) | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel Commercial | | | | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMIS | SIONS: RATE | S | | | | |
| F | In General: Space F calls for rat | • | , | | • | | | | |
| I | not covered in space E, that is, the service for a single fee. There are | | | | | | | | |
| Services | furnished at cost or (2) services | | | | | | | | |
| Other Than | amount of the charge and the un | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | ha aabla | avotam for an | ab of the | annliaghla gam <i>i</i> ic | an linted | | |
| ransmissions: Rates | Block 1: Give the standard rat Block 2: List any services that | | | | | | | vere not | |
| | listed in block 1 and for which a s | | | | | | | | |
| | brief (two- or three-word) descrip | tion and includ | le the ra | te for each. | | | | | |
| | | BLO | CK 1 | | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | CATEG | GORY OF SER | VICE | RATE | CATEGO | ORY OF SERVICE | RAT |
| | Continuing Services: | | | ation: Non-res | idential | | | | |
| | • Pay cable | | | tel, hotel | | | | | |
| | • Pay cable—add'l channel | | | nmercial | | | | | |
| | Fire protection | | - | / cable | | | | | |
| | •Burglar protection | | - | v cable-add'l ch protoction | lannel | | | | |
| | Installation: Residential | 20.00 | | e protection | | | | | |
| | First set Additional set(s) | 39.99 | | glar protection | | | | | |
| | Additional set(s) EM radio (if separate rate) | | | services: | | 40.00 | | | |
| | FM radio (if separate rate) Converter | 5.00 | | connect connect | | 49.99 | | | |
| | | 5.00 | i ⁺ DIS(| connetta | | | | | |
| | Converter | | | | | | | | |
| | | | • Out | let relocation | 955 | 39.99 | | | |

| | LEGAL NAME OF OWNER OF | CABLE SYSTEM: | | SYSTEM ID |
|--------------------------|---|---|--|---|
| ne | CableSouth Media III, | LLC | | 876 |
| | PRIMARY TRANSMITTERS: | | | |
| ary hitters: ision | carried by your cable system FCC rules and regulations in 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 multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, Wi Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location | also in space I, if the station was carried n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p with a station according to its over-the | t (1) stations carried only on a part-time carriage of certain network program (1(e)(2) and (4))]; and (2) certain statication (1(e)(2) and (4))]; and (2) certain statication (1(e)(2) and (4))]; and (2) certain statication (1) and (2) certain statication (2) certain statication (2) certain statication (2) certain statication (2) certain statication (2) certain statication (2) certain statication (2) certain statication (2) certain statication (2) certain statication (2) certain station for broadcasting over the station, an independent station, or a (2) certain station for broadcasting over the station, an independent station, or a (3) certain station for broadcasting over the station, an independent station, or a (3) certain station for broadcasting over the station, an independent station, or a (4) certain station for broadcasting over the station, an independent station, or a (5) certain station for broadcasting over the station, an independent station, or a (5) certain station for broadcasting over the station, an independent station, or a (5) certain station for broadcasting over the station, an independent station, or a (5) certain station for broadcasting over the station, an independent station, or a (5) certain station for broadcasting over the station, an independent station, or a (5) certain station for broadcasting over the station, an independent station, or a (5) certain station for broadcasting over the station, and pendent station, or a (5) certain station for broadcasting over the station, an independent station, or a (5) certain station st | me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | | | •• | |
| | KTBS | 3 | N | New Orleans, LA |
| | KTBS KPXJ | 6 | N | |
| essary | | | | New Orleans, LA Chicago, IL New Orleans, LA |
| essary | КРХЈ | 6 | N | Chicago, IL |
| ssary | КРХЈ КРХЈ | 6 7 | N N | Chicago, IL New Orleans, LA |
| essary | KPXJ KPXJ KNOE | 6 7 8 | N N N | Chicago, IL New Orleans, LA New Orleans, LA |
| ssary | KPXJ KPXJ KNOE KARD | 6 7 8 9 | N N N I | Chicago, IL New Orleans, LA New Orleans, LA New Orleans, LA |
| ssary | KPXJ KPXJ KNOE KARD KAQY | 6 7 8 9 11 | N N N I N | Chicago, IL New Orleans, LA New Orleans, LA New Orleans, LA Baton Rouge, LA |
| :essary | KPXJ KPXJ KNOE KARD KAQY KTVE | 6 7 8 9 11 12 | N N N I N N N | Chicago, IL New Orleans, LA New Orleans, LA New Orleans, LA Baton Rouge, LA Baton Rouge, LA |
| cessary | KPXJ KPXJ KNOE KARD KAQY KTVE | 6 7 8 9 11 12 | N N N I N N N | Chicago, IL New Orleans, LA New Orleans, LA New Orleans, LA Baton Rouge, LA Baton Rouge, LA |
| ecessary | KPXJ KPXJ KNOE KARD KAQY KTVE | 6 7 8 9 11 12 | N N N I N N N | Chicago, IL New Orleans, LA New Orleans, LA New Orleans, LA Baton Rouge, LA Baton Rouge, LA |
| ecessary | KPXJ KPXJ KNOE KARD KAQY KTVE | 6 7 8 9 11 12 | N N N I N N N | Chicago, IL New Orleans, LA New Orleans, LA New Orleans, LA Baton Rouge, LA Baton Rouge, LA |
| ecessary | KPXJ KPXJ KNOE KARD KAQY KTVE | 6 7 8 9 11 12 | N N N I N N N | Chicago, IL New Orleans, LA New Orleans, LA New Orleans, LA Baton Rouge, LA Baton Rouge, LA |
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| Necessary | KPXJ KPXJ KNOE KARD KAQY KTVE | 6 7 8 9 11 12 | N N N I N N N | Chicago, IL New Orleans, LA New Orleans, LA New Orleans, LA Baton Rouge, LA Baton Rouge, LA |
| Necessary | KPXJ KPXJ KNOE KARD KAQY KTVE | 6 7 8 9 11 12 | N N N I N N N | Chicago, IL New Orleans, LA New Orleans, LA New Orleans, LA Baton Rouge, LA Baton Rouge, LA |

| | OWNER OF C | | /STEM: | | | | | SYSTEM I |
|---|--|--|---|--|---|--|---|----------------------------------|
| CableSouth | Media III, L | LC | | | | | | 8 |
| | 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 infor paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G | it is carried b monitoring, to prmation abour m. dentify the call tate whether f the radio stat this by placing tive 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 ved at the headend, with the pyright Office regulations on t 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 | t the system's he system's FM ante this point, see pa sed by the cable s ne station is licen | eadend, and (<i>i</i> enna, during c ge (v) of the <u>c</u> system as a so sed by the FC | 2) it can certain s general i eparate | be expected, tated 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 | |
| UALL OIGH | | 0,0 | | UALL OIGN | | 0,0 | LOOATION OF STATION | |
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| Name ECAL MARC OF DWNER OF CALLE SYSTEM: SYSTEM US SYS SYSTEM US SYS SYS SYSTEM US SYS SYSTEM US SYS SYSTEM US SYS SYS <th>Accounting Perio</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>FO</th> <th>RM SA1-2E. PAGE 5.</th> | Accounting Perio | | | | | | FO | RM SA1-2E. PAGE 5. | |
|---|---|---|---|---|---|---|---|--|--|
| Substitute State Substitute Substitute Carriage: Special Substitute Carriage: Special Statement and Program Log Note: If you can be induced in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. Special Statement and Program Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program broadcast by a distant station? Note: If you need more space, plaese 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 substitute for the programming of another station. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: TGer yos. Bulls." Column 2: Give the orbit add when your system carride by your cable system. List the times accurately to the nearest five minutes. Example: a program carride by substitute program. Column 4: Give the br | News | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | SYSTEM ID# | |
| In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 9. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning 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 bive, inducing the substitute of the program") that, during the accounting period, was broadcast bive in the station and that your cable system substituted for the program ming of another station on on tuse general categories like "movies" or "basketball." Gers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 5: Site the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitte | Name | CableSouth Media III, | LLC | | | | | 876 | |
| Substitute carriage: Special statement and Program Lo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE "During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program troadcast by a distant station? Image: Concernsion of the programming that must be included in this log. see page (v) of the general instructions in the paper SA1-2 form. Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. Image: Concernsion of the programming of another station on under certain FCC rules, regulations, see page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball." Genum 3: Give the call sign of the station broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian station's location (the community to which the station is identified). Column 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried by your cable system. List the times accurately to the easers five minutes. Example: a program carried by a system from 60:115 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 5: State the times when the substitute program w | | SUBSTITUTE CARRIAG | E: SPECIA | | NT AND PROGRAM LO | G | | | |
| Carriage: Special Statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES • Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning 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, regulations, or authorizotions. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcast line, enter "No." Column 3: Give the broadcast station's location (the community to which the station is identified). Column 4: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 5: Give the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accou | l Dubaihuta | In General: In space I, identi substitute basis during the a | fy every not | nnetwork televis eriod, under spe | <i>sion program,</i> broadcast by ecific present and former FC | a <i>distant</i> stat CC rules, regul | ations, or authorizations | s. For a further | |
| Special Statement and Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program "isubstitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program. Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations in a substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitu | | | | | | e general mou | | 1-2 101111. | |
| Statement and Program Log broadcast by a distant station? YES NO Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. I. General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning 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 substitute for program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball." Fores vs. Bulls." Column 1: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the bloadcast station's location (the community this which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system form 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m.". Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system w | | | | | | is any nonne | twork television progra | m | |
| Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning 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, regulations, or authorizations. See page (v) of the general instructions of ruthren information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: "Gers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES | | • | • | r cable system | carry, on a substitute bas | is, any nonne | | | |
| log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning 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, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: The program was broadcast live, enter "Yes." Otherwise enter "No." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed p | Program Log | , | | | | | | | |
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| In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning 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, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball. Tofers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was substituted for programming that your system sequired to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE <td c<="" th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td> | <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> | | | | | | | | |
| was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM WHEN SUBSTITUTE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES | | In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the more first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter | itute progra ce, please a of every no distant stati gulations, o ies like "mo Bulls." n was broad sign of the s idcast static adian static th and day re "5/7." es when the Example: a er "R" if the | Im on a separa add additional I nnetwork telev ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro program carrie | rows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra be community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for program | program") that d for the prog eral instruction n titles, for exa No." station is lice station is ider program. Use cable system. 15 p.m. to 6:2 amming that y | t, during the accountin ramming of another sta ns for further informatio ample, "I Love Lucy" of nsed by the FCC or, in tiffied). numerals, with the mod List the times accurat 8:30 p.m. should be our system was <i>requir</i> | g ation on. onth ely ed | |
| effect on October 19, 1976. SUBSTITUTE PROGRAM WHEN SUBSTITUTE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES | | | | | | | | Iram | |
| SUBSTITUTE PROGRAM WHEN SUBSTITUTE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES | | | | our system wa | s permitted to delete unde | r FCC rules a | nd regulations in | | |
| 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES | | | | E PROGRAM | 1 | | | | |
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| Accounting Period: | 2019/1 | FORM SA | 1-2E. PAGE 6. |
|-------------------------------|---|---------------|---------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SY | STEM ID# |
| Name | CableSouth Media III, LLC | | 876 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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. | ssion service | 0 |
| | | | |
| 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 \$2 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. | 63,800 | |
| | 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 t accounting period is \$52.00 | his six-mon | |
| | 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 \$137,1 | | |
| | 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 | | |
| | Enter the amount of gloss receipts non-space 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) | |
| | | | |
| | 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 | 1 210 00 | |
| | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) | | |
| | 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) FAL: | SE | |
| 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 | \$ | 15.00 |
| | EFT Trace # or TRANSACTION ID # | | |
| | Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m | | |

| Accounting Period: | 2019/1 | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|---------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC | SYSTEM ID# 876 |
| 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 . and nonbroadcast services . | 8 47 |
| 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 Cristy Workman Telephone 7 | 731-723-9913 |
| | Address 1056 Jones Blvd (Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip) | |
| | Email 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; of (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 (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. 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/ Thomas Pate Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) | tem as identified |
| | Typed or printed name: Thomas Pate Title: CFO (Title of official position held in corporation or partnership) | |
| | Date: 8/29/2019 | |

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 telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and 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 fing, a determination that would be made by a court of lav

| unting Period: 2019/1 | FORM SA1-2E. PAGE |
|--|--|
| L NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| leSouth Media III, LLC | 87 |
| 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 | |
| | |
| | |
| 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 Interest Assessmen |
| | Q Interest Assessmen |
| For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. | 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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