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

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT	_	
	ems (	Short Form)	8/17/2020	\$ ALLOCATION NUMBER	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	<b>(YY/(Period))</b> Period 2 = July 1 - December 31		
Accounting Period			Barcode Data Filing Period (optional	- see instructions)		
B Owner		of the subsidiary, not that of the parent of List any other name or names under which	orporation. h the owner conducts the business of t accounting period, only the owner on f	he last day of the accounting period should s		
		Check here if this is the system's first filing		assigned by the Licensing Division.		
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM			
		Arkwest Communications, Inc.		<u>,</u>		
		BUSINESS NAME(S) OF OWNER OF	CABLE STSTEM (IF DIFFERENT	)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		P.O Box 699, 205 East 7th s (Number, street, rural route, apartment, or suite n				
		Danville, AR 72833 (City, town, state, zip)	,			
С		RUCTIONS: In line 1, give any busin		tify the business and operation of the	-	
System	name	IDENTIFICATION OF CABLE SYSTEM:	2, give the mailing address of th	e system, if different from the address	s given in space B.	
System	1	IDENTIFICATION OF CABLE STSTEM.				
		MAILING ADDRESS OF CABLE SYSTEM	1:			
	2	(Number, street, rural route, apartment, or suite n	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 fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Arkwest Communications, Inc.	0025
	Instructions: List each separate community served by the cable system. A "commur	
D	"a separate and distinct community or municipal entity (including unincorporated co	ommunities within unincorporated areas and including single
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	list will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home narks should be reported in parentheses below the
Area	identified city.	nome parks should be reported in parentneses below the
Served	laentinea city.	
	CITY OR TOWN	STATE
First	Danville	AR
Community	Belleville	AR
Community		
	Blue Mountain	AR
dd Rows as Necessary	Bluffton	AR
	Casa	AR
	Havana	AR
	Logan County	AR
	Magazine	AR
	Ola	AR
	Perry County	AR
	Plainview	AR
	Rover	AR
	Waveland	AR
	Yell County	AR
	Scott County	AR

									FORM SA1	
Name	LEGAL NAME OF OWNER OF C									TEM ID: 00259(
	Arkwest Communicatio	ns, inc.								
Е	SECONDARY TRANSMISSION									
E	In General: The information in s system, that is, the retransmission	•		-		•				
Secondary	about other services (including									
Transmission	last day of the accounting period	·				,		0		
Service: Sub- scribers and	Number of Subscribers: Bot down by categories of secondar	•								
Rates	each category by counting the n			•		•			I	
	separately for the particular service									
	Rate: Give the standard rate of unit in which it is generally billed	-	-	•			-	-		
	category, but do not include disc				iy standa			Janticulai	Tate	
	Block 1: In the left-hand block	. ,		0		,				
	systems most commonly provide that applies to your system. Not								0,	
	categories, that person or entity			-		-				
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that an	e different f	rom thos	e	
	printed in block 1 (for example, t	•		-						
	with the number of subscribers a	and rates, in th	e right-ha	and block. A tw	o- or thre	e-word descrip	tion of the s	service is	i	
	sufficient.	DCK 1					BLOCK	2		
		NO. OF		DATE	CAT			NC	D. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSU	CRIBERS	RATE
	Service to first set		1.661	14.95	Basic				806	35-38
	<ul> <li>Service to additional set(s)</li> </ul>					led Basic			824	10-17
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	;					
F	In General: Space F calls for ra	•	,		-	• •				
	not covered in space E, that is, t service for a single fee. There a									
Services	furnished at cost or (2) services		,		0		0.0		,	
Other Than	amount of the charge and the un		usually l	oilled. If any rai	tes are ch	narged on a var	iable per-p	ogram b	asis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		he cable	system for eac	ch of the	applicable serv	ices listed.			
Rates	Block 2: List any services that							were no	t	
	listed in block 1 and for which a		,		shed. List	these other se	rvices in the	of form of	а	
	brief (two- or three-word) descri	otion and includ	de the ra	te for each.			1			
		BLO							OCK 2	<u> </u>
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERV	-	RATE	CATEGO	)RY OF :	SERVICE	RATE
	Pay cable			el, hotel	uentiai		1 Movie	Pka		12.9
	Pay cable—add'l channel			imercial			2 Movie		22.95-	25.9
	• Fire protection		• Pay				3 Movie		32.95-	38.8
	•Burglar protection		5	cable-add'l cha	annel		4 Movie		42.95-	51.8
	Installation: Residential			protection			HD Boy			4.9
	• First set		• Burg	lar protection			DVR Bo			4.9
	Additional set(s)			ervices:			SD Box			2.50
	<ul> <li>FM radio (if separate rate)</li> </ul>		• Reco	onnect		20.00	Add'l c			2.50
	0		<b>D</b> 1					1 HO		~ ~ ~
	• Converter			onnect		64.75	Add'l S	treams	}	2.00
	• Converter		• Outl	onnect et relocation e to new addre		61.75 87.75	Add'l S	treams	\$	2.00

N	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Arkwest Communicat	tions, Inc.		0028
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an <b>Substitute Basis Stations</b> 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 information	entify every television station (including tr m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 is explained in the next paragraph. With respect to any distant stations car ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr	(1) stations carried only on a part- e carriage of certain network progr (e)(2) and (4))]; and (2) certain state ried by your cable system on a su e Special Statement and Program both on a substitute basis and also see page (v) of the general instruct	-time basis under rams [sections ations carried on a ubstitute program n Log)—if the so on some other ctions.
		d with a station according to its over-the-	-	-
	Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. n case whether the station is a network si ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- on of each station. For U.S. stations, list the dian stations, if any, give the name of the	tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educat stions in the paper SA1-2 form. he community to which the statior	a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARK-HD	32.1	N-M	Little Rock, AR
	KARK-2	32.2	N-M	Little Rock, AR
ows as Necessary	KARK-3	32.3	N-M	Little Rock, AR
Rows as Necessary	KARK-3 KARZ-2	32.3 44.2	N-M I-M	Little Rock, AR Little Rock, AR
Rows as Necessary				
Rows as Necessary	KARZ-2	44.2	I-M	Little Rock, AR
Rows as Necessary	KARZ-2 KARZ-HD	44.2 44.1	I-M I-M	Little Rock, AR Little Rock, AR
Rows as Necessary	KARZ-2 KARZ-HD KARZ-3	44.2 44.1 44.3	I-M I-M I-M	Little Rock, AR Little Rock, AR Little Rock, AR
Rows as Necessary	KARZ-2 KARZ-HD KARZ-3 KASN-HD	44.2 44.1 44.3 39.1	I-M I-M I-M	Little Rock, AR Little Rock, AR Little Rock, AR Pine Bluff, AR
Rows as Necessary	KARZ-2 KARZ-HD KARZ-3 KASN-HD KATV-2	44.2 44.1 44.3 39.1 22.2	I-M I-M I-M I-M N-M	Little Rock, AR Little Rock, AR Little Rock, AR Pine Bluff, AR Little Rock, AR
Rows as Necessary	KARZ-2 KARZ-HD KARZ-3 KASN-HD KATV-2 KATV-3	44.2 44.1 44.3 39.1 22.2 22.3	I-M I-M I-M I-M N-M N-M	Little Rock, AR Little Rock, AR Little Rock, AR Pine Bluff, AR Little Rock, AR Little Rock, AR
Rows as Necessary	KARZ-2 KARZ-HD KARZ-3 KASN-HD KATV-2 KATV-3 KATV-HD	44.2 44.1 44.3 39.1 22.2 22.3 22.3 22.1	I-M I-M I-M I-M N-M N-M N-M	Little Rock, AR Little Rock, AR Little Rock, AR Pine Bluff, AR Little Rock, AR Little Rock, AR Little Rock, AR
Rows as Necessary	KARZ-2 KARZ-HD KARZ-3 KASN-HD KATV-2 KATV-3 KATV-HD KATV-4	44.2 44.1 44.3 39.1 22.2 22.3 22.3 22.1 22.4	I-M I-M I-M N-M N-M N-M N-M N-M	Little Rock, AR Little Rock, AR Little Rock, AR Pine Bluff, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
Rows as Necessary	KARZ-2 KARZ-HD KARZ-3 KASN-HD KATV-2 KATV-3 KATV-HD KATV-4 KETS-2	44.2 44.1 44.3 39.1 22.2 22.3 22.3 22.1 22.4 7.2	I-M I-M I-M I-M N-M N-M N-M N-M E	Little Rock, AR Little Rock, AR Little Rock, AR Pine Bluff, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
Rows as Necessary	KARZ-2 KARZ-HD KARZ-3 KASN-HD KATV-2 KATV-3 KATV-HD KATV-4 KETS-2 KETS-3	44.2 44.1 44.3 39.1 22.2 22.3 22.3 22.1 22.4 7.2 7.3	I-M I-M I-M I-M N-M N-M N-M N-M E E E-M	Little Rock, AR Little Rock, AR Little Rock, AR Pine Bluff, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR Little Rock, AR
Rows as Necessary	KARZ-2 KARZ-HD KARZ-3 KASN-HD KATV-2 KATV-3 KATV-HD KATV-4 KETS-2 KETS-3 KETS-HD	44.2 44.1 44.3 39.1 22.2 22.3 22.3 22.1 22.4 7.2 7.3 7.1	I-M I-M I-M I-M N-M N-M N-M N-M E E E E-M E-M	Little Rock, AR Little Rock, AR Little Rock, AR Pine Bluff, AR Little Rock, AR
Rows as Necessary	KARZ-2 KARZ-HD KARZ-3 KARZ-3 KARZ-3 KATV-2 KATV-2 KATV-3 KATV-HD KATV-4 KETS-2 KETS-3 KETS-3 KETS-HD KLRT-HD	44.2 44.1 44.3 39.1 22.2 22.3 22.3 22.1 22.4 7.2 7.3 7.1 30.1	I-M I-M I-M I-M N-M N-M N-M N-M E E E-M E-M N-M	Little Rock, AR         Little Rock, AR         Little Rock, AR         Pine Bluff, AR         Little Rock, AR
Rows as Necessary	KARZ-2 KARZ-HD KARZ-3 KASN-HD KATV-2 KATV-3 KATV-HD KATV-4 KETS-2 KETS-3 KETS-HD KLRT-HD KLRT-2	44.2 44.1 44.3 39.1 22.2 22.3 22.3 22.1 22.4 7.2 7.3 7.1 30.1 30.2	I-M I-M I-M I-M N-M N-M N-M E E E-M E-M E-M N-M N-M N-M	Little Rock, AR Little Rock, AR Little Rock, AR Pine Bluff, AR Little Rock, AR
Rows as Necessary	KARZ-2 KARZ-HD KARZ-3 KARZ-3 KARZ-3 KATV-2 KATV-2 KATV-3 KATV-HD KATV-4 KETS-2 KETS-3 KETS-HD KLRT-HD KLRT-2 KMYA-HD	44.2 44.1 44.3 39.1 22.2 22.3 22.1 22.4 7.2 7.3 7.1 30.1 30.2 49.1	I-M I-M I-M I-M N-M N-M N-M E E E-M E-M E-M N-M N-M I-M	Little Rock, AR         Little Rock, AR         Little Rock, AR         Pine Bluff, AR         Little Rock, AR<
Rows as Necessary	KARZ-2 KARZ-HD KARZ-3 KARZ-3 KARZ-3 KATV-2 KATV-2 KATV-3 KATV-HD KATV-4 KETS-2 KETS-3 KETS-3 KETS-HD KLRT-HD KLRT-2 KMYA-HD KTHV-HD	44.2 44.1 44.3 39.1 22.2 22.3 22.3 22.1 22.4 7.2 7.3 7.1 30.1 30.1 30.2 49.1 12.1	I-M I-M I-M I-M I-M N-M N-M N-M E E E-M E-M E-M N-M N-M I-M N-M	Little Rock, AR         Little Rock, AR         Little Rock, AR         Pine Bluff, AR         Little Rock, AR<
Rows as Necessary	KARZ-2 KARZ-HD KARZ-3 KARZ-3 KARZ-3 KATV-2 KATV-2 KATV-2 KATV-3 KATV-HD KATV-4 KETS-2 KETS-3 KETS-3 KETS-HD KLRT-HD KLRT-2 KMYA-HD KTHV-HD KTHV-2	44.2 44.1 44.3 39.1 22.2 22.3 22.3 22.1 22.4 7.2 7.3 7.1 30.1 30.2 49.1 12.1 12.2	I-M I-M I-M I-M I-M N-M N-M N-M E E E-M E-M E-M N-M I-M N-M N-M N-M	Little Rock, AR         Little Rock, AR         Little Rock, AR         Pine Bluff, AR         Little Rock, AR<
Rows as Necessary	KARZ-2 KARZ-HD KARZ-3 KARZ-3 KARZ-3 KATV-2 KATV-2 KATV-3 KATV-HD KATV-4 KETS-2 KETS-3 KETS-3 KETS-HD KLRT-HD KLRT-2 KMYA-HD KTHV-HD KTHV-2 KTHV-3	44.2 44.1 44.3 39.1 22.2 22.3 22.3 22.1 22.4 7.2 7.3 7.1 30.1 30.2 49.1 12.1 12.2 12.3	I-M I-M I-M I-M I-M N-M N-M N-M E E E-M E-M E-M I N-M N-M N-M N-M N-M N-M	Little Rock, AR         Little Rock, AR         Little Rock, AR         Pine Bluff, AR         Little Rock, AR<

	: 2020/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM ID
Name	Arkwest Communic	ations, Inc.		00259
	PRIMARY TRANSMITTERS	: TELEVISION		
G	carried by your cable syst	dentify every television station (including tem during the accounting period, <i>excep</i> s in effect on June 24, 1981, permitting t	t (1) stations carried only on a part-tim	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Station</b> basis under specific FCC • Do <i>not</i> list the station has station was carried <i>only</i> of • List the station here, and basis. For further informa <b>Column 1:</b> List each stati multicast stream associat "WETA-2" as the same of <b>Column 2:</b> Give the chan of license. For example, <b>Column 3:</b> Indicate in each educational station, by en (for independent multicas For the meaning of these <b>Column 4:</b> Give the locat	I(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. ns: With respect to any distant stations c rules, regulations, or authorizations: ere in space G—but do list it in space I (t on a substitute basis. d also in space I, if the station was carrie tion concerning substitute basis stations, ion's call sign. <i>Do not</i> report origination ed with a station according to its over-the was a station according to its over-the response of the station as a station according to the station as a station according to its over-the	S1(e)(2) and (4))]; and (2) certain static arried by your cable system on a subs he Special Statement and Program Lo d both on a substitute basis and also o , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a r (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF								SYSTEM   0025
	every radio s	station ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of it For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried b monitoring, to prmation abou m. lentify the call tate whether t the radio stat this by placing ive the station	y the sys be recein at the Consistence sign of e the station ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during ce ge (v) of the g ystem as a se sed by the FC0	) it can ertain st eneral ii parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UNEL DIGIN		0,0		ONEL OION		0,0		

Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Arkwest Communicati	ions, Inc.						002596
	SUBSTITUTE CARRIAG		AL STATEME		)G			
		-	-			tion that you	ir aabla ava	tom corriad on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:								
Special	1. SPECIAL STATEMEN							
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did yoi	ur cable syster	m carry, on a substitute ba	asis, any noni	network tele	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	must comple	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if th	eir meanin	g is
	clear. If you need more spa							
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re		,	5		0 0		
	Do not use general categor							
	"NBA Basketball: 76ers vs.					sxumple, m	LOVE LUCY	01
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
				the community to which th			ne FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitut	e program. U	se numerais	s, with the r	nonth
	. , , ,		e substitute pr	ogram was carried by you	r cable syste	m list the ti	mes accur	ately
	to the nearest five minutes.							atery
	stated as "6:00-6:30 p.m."		a program oan					
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your syster	m was <i>requ</i>	iired
	to delete under FCC rules							ogram
	was substituted for program		your system w	as permitted to delete une	der FCC rules	s and regula	tions in	
	effect on October 19, 1976	•						
						N SUBSTI		
	s	UBSTITUT	E PROGRAM	1		AGE OCCL		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
						-	_	
							_	
						-	_	
						-	_	
						-	_	
					]			
						-	-	
								1
								+
						-	-	
							-	
1								

Accounting Period:	2020/1			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Name	Arkwest Communications, Inc.				002596
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and I all amounts (gross receipts) paid to your cable system by subscribers for the syst (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 sec of how to	condary transm compute this a	ission service amount, see	3,886.28 pss receipts)
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more info	it less tha	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00	fee that yo	ou must pay for	this six-mon	
	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	s 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS				
	1. Base amount under statutory formula	<b>,</b>	263,800.00		
	2. Enter amount of gross receipts from space K \$		143,886.28		
	3. Subtract line 2 from line 1	\$	119,913.72		
	4. Enter the amount of gross receipts from space K		<b>\$</b> 1	43,886.28	
	5. Enter the amount from line 3	· · · · · · · · · ·	<b>\$</b> 1	19,913.72	
	6. Subtract line 5 from line 4	· .	\$	23,972.56	
	7. Multiply line 6 by .005 (enter figure here)			\$	119.86
	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 ar	nd 8		\$	119.86
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	800 (but le	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		203,000.00		
	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				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5	5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	·····.	\$	119.86	
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			\$	139.86
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		hts!

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Arkwest Communications, Inc.	SYSTEM ID# 002596
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	21 185
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Name       Stacey Lane       Telephone	
Information	Address 205 E. 7th Street (Number, street, rural route, apartment, or suite number) Danville, AR 72833 (City, town, state, zip)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) <ul> <li>I, the undersigned, hereby certify that (Check one, but only one, 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</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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 hereir 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> </ul> Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified mer of the cable system
	Typed or printed name: <b>Tom May</b> Title: <b>President &amp; General Manager</b> (Title of official position held in corporation or partnership)	
	Date: 8/12/2020	

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

	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
kwest Communications, Inc.	00259
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
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.         Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	
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