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

| STATEME | ENT OF ACCOUNT | FOR COPYRIGH | HT OFFICE USE ONLY | by email to: |
|----------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| for Seconda | ry Transmissions by | DATE RECEIVED | AMOUNT | coplicsoa@copyright.gov |
| General instru | <i>ms (Short Form)</i> ctions are located of this workbook | 08/31/20 | \$ | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |
| | | | | |
| Α | ACCOUNTING PERIOD COVERED | BY THIS STATEMENT: (Y) | /YY/(Period)) | |
| | 2020/1 | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | |
| Accounting Period | | Barcode Data Filing Period (optional | - see instructions) | |
| T chou | | | | |
| В | Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co | | diary of another corporation, give the full co | rporate title |
| Owner | List any other name or names under which | h the owner conducts the business of t | he cable system. | |
| | If there were different owners during the single statement of account and royalty fe | | he last day of the accounting period should s ing period. | |
| | Check here if this is the system's first filin | g. If not, enter the system's ID number a | assigned by the Licensing Division. | 33963 |
| | LEGAL NAME OF OWNER/MAILING | G ADDRESS OF CABLE SYSTEM | | |
| | CableSouth Media III, LLC | | | |
| | BUSINESS NAME(S) OF OWNER OF | CABLE SYSTEM (IF DIFFERENT |) | |
| | MAILING ADDRESS OF OWNER OF 1056 Jones Blvd (Number, street, rural route, apartment, or suite n | | | |
| | Milan, TN 38358 (City, town, state, zip) | | | |
| С | INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line | | , | , |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: Swyft Connect, LLC | | | |
| | MAILING ADDRESS OF CABLE SYSTEM | 1: | | |
| | 2 (Number, street, rural route, apartment, or suite n | number) | | |
| | Milan, TN 38358 (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.

Return completed workbook by email to:

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| | CableSouth Media III, LLC | 33963 |
| D | Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings. | communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known |
| Area Served | Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city. | e home parks should be reported in parentheses below the |
| | | |
| | CITY OR TOWN | STATE |
| First Community | Lumberton | MS |
| community | | |
| d Rows as Necessary | | |
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| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | : | | | | FORM SA1- | |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------|-------------|-----------------------|------|
| Name | CableSouth Media III, L | | - | | | | | 3396 |
| | | | | | | | | |
| E | SECONDARY TRANSMISSION In General: The information in s | | | | ary transmission | service of | he cable | |
| | system, that is, the retransmission | on of television | and radio bro | adcasts by your s | system to subscri | ibers. Give | information | |
| Secondary | about other services (including p | , , , | | | | those exist | ing on the | |
| Transmission Service: Sub- | last day of the accounting period Number of Subscribers: Both | • | | | , | ble system | broken | |
| scribers and | down by categories of secondar | • | | | | , | | |
| Rates | each category by counting the n | | | | • | | charged | |
| | separately for the particular serv Rate: Give the standard rate of | | | | | | ro and the | |
| | unit in which it is generally billed | - | | | | | - | |
| | category, but do not include disc | | | | | | | |
| | Block 1: In the left-hand block | | | - | • | | | |
| | systems most commonly provide that applies to your system. Not | | | | | | | |
| | categories, that person or entity | | - | | - | | | |
| | subscriber who pays extra for ca | | | | | | | |
| | first set" and would be counted of | | | | | | | |
| | Block 2: If your cable system printed in block 1 (for example, t | • | | | | | | |
| | with the number of subscribers a | | | | | ,. | | |
| | sufficient. | | o ngini nana o | | | | | |
| | BLC | DCK 1 | | | | BLOCK | | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIB | | | FEGORY OF SEI | RVICE | NO. OF SUBSCRIBERS | RAT |
| | Residential: | | | | | | | |
| | Service to first set | | 48 | 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 | | S: RATES | | | | |
| F | In General: Space F calls for ra | te (not subscril | ber) informatio | n with respect to | all your cable sy | stem's serv | vices that were | |
| Г | not covered in space E, that is, t | | | | | | | |
| Services | service for a single fee. There ar furnished at cost or (2) services | • | | • | | | | |
| Other Than | amount of the charge and the ur | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | | | | | |
| ransmissions: Rates | Block 1: Give the standard rat Block 2: List any services that | | | | | | were not | |
| Rates | listed in block 1 and for which a | | | | | | | |
| | brief (two- or three-word) descrip | • | • | | | | | |
| | | BLO | CK 1 | | | | BLOCK 2 | |
| | CATEGORY OF SERVICE | RATE | CATEGORY | OF SERVICE | RATE | CATEG | DRY OF SERVICE | RAT |
| | Continuing Services: | | Installation: | Non-residential | | | | |
| | • Pay cable | | Motel, hot | el | | | | |
| | - ray cable | 1 | Commerc | ial | | | | |
| | • Pay cable—add'l channel | | | | | | | |
| | | | Pay cable | | | | | |
| | • Pay cable—add'l channel | | 2 | -add'l channel | | | | |
| | Pay cable—add'l channel Fire protection Burglar protection Installation: Residential | | • Pay cable • Fire prote | ction | | | | |
| | Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set | 39.99 | • Pay cable • Fire prote • Burglar pr | ction rotection | | | | |
| | Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) | 39.99 | • Pay cable • Fire prote • Burglar pr Other service | ction otection es: | | | | |
| | Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) | | • Pay cable • Fire prote • Burglar pr Other service • Reconnect | ction otection es: ct | 49.99 | | | |
| | Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) | <u>39.99</u> 5.00 | Pay cable Fire prote Burglar pr Other service Reconnect Disconnect | ction otection es: ct | 49.99 | | | |
| | Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) | | Pay cable Fire prote Burglar pr Other service Reconnec Disconnec Outlet relo | ction otection es: ct | 49.99 | | | |

| counting Period: 2 | 2020/1 | | | FORM SA1-2E. PAGE 3. | | | | | |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER O | F CABLE SYSTEM: | | SYSTEM ID# | | | | | |
| | CableSouth Media III | , LLC | | 33963 | | | | | |
| | PRIMARY TRANSMITTERS: TELEVISION | | | | | | | | |
| G Primary Transmitters: Television | carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r | entify every television station (including m during the accounting period, <i>excep</i> , in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. S: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis | <i>t</i> (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su | time basis under ams [sections ttions carried on a bstitute program | | | | | |
| | List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community | | | | | | | | |
| | Column 3: Indicate in each educational station, by entr (for independent multicast) For the meaning of these the Column 4: Give the location | /RC is channel 4 in Washington, D.C. in case whether the station is a network ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list idian stations, if any, give the name of t | (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station | endent), "I-M" ional multicast). is licensed by the | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | | | | | |
| | WLBT | 2 | N | Biloxi, MS | | | | | |
| | WLOX | 3 | | Biloxi, MS | | | | | |
| Rows as Necessary | WDAM | 4 | Ν | Laurel, MS | | | | | |
| · · · · · · · · · , | wxxv | 5 | I | Gulfport, MS | | | | | |
| | WHLT | 6 | N | Hattiesburg, MS | | | | | |
| | WMAH | 7 | E | Biloxi, MS | | | | | |
| | WHPM2 | 9 | Ν | Biloxi, MS | | | | | |
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| EGAL NAME OF | | | | | | | | SYSTEM |
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| | every radio s | tation ca | arried on a separate and discre nerally receivable by your cab | | | | | н |
| eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G | it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior | y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio | I-Band FM Carriage: Under C stem whenever it is received at ved at the headend, with the s opyright 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 his point, see pa ed by the cable s e station is licens | adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC | ?) 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 | |
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| Accounting Perio | | | | | | | FORM | A SA1-2E. PAGE 5. |
|------------------|-------------------------------------------------------------|-----------------------|---------------------------|-------------------------------|---------------------------------------|---------------|-----------------|---------------------------|
| Nama | LEGAL NAME OF OWNER OF | CABLE SYS | STEM: | | | | | SYSTEM ID# |
| Name | CableSouth Media III, | LLC | | | | | | 33963 |
| | | | | | | | | |
| 1 | SUBSTITUTE CARRIAG | - | - | | | | | |
| • | In General: In space I, ident substitute basis during the a | | | | | | | |
| Substitute | explanation of the program | | | | | | | |
| Carriage: | 1. SPECIAL STATEMEN | | | | 5 | | | |
| Special | During the accounting pe | - | | | asis any noni | network te | levision proa | ram |
| Statement and | broadcast by a distant sta | | | | | | | |
| Program Log | - | | | | | l | YES | NO |
| | Note: If your answer is "No | o", leave the | e rest of this pa | ige blank. If your answer i | s "Yes," you i | must comp | plete the prog | Iram |
| | log in block 2. | | | | | | | |
| | 2. LOG OF SUBSTITUT | | | | | | | |
| | In General: List each subs clear. If you need more spa | | | | s wherever p | ossible, if i | their meaning | g is |
| | | | | vision program ("substitute | e program") t | hat during | the account | ing |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, re | | | | | | | |
| | Do not use general catego | | ovies" or "bask | etball." List specific progra | am titles, for e | example, " | I Love Lucy" | or |
| | "NBA Basketball: 76ers vs. | | deast live ent | er "Yes." Otherwise enter | "No " | | | |
| | | | | asting the substitute prog | | | | |
| | | | | the community to which th | | censed by | the FCC or, | in |
| | the case of Mexican or Car | | | | | | | |
| | | | when your sy | stem carried the substitute | e program. U | se numera | als, with the n | nonth |
| | first. Example: for May 7 gi | | e substitute pr | ogram was carried by you | r cable evete | m list the | times accur | ately |
| | to the nearest five minutes | | | | | | | atery |
| | stated as "6:00–6:30 p.m." | | a program can | | | | | |
| | | | | n was substituted for prog | | | | |
| | to delete under FCC rules | | | | | | | ogram |
| | was substituted for programe ffect on October 19, 1976 | | your system w | as permitted to delete und | ter FCC rules | s and regu | lations in | |
| | | | | | | | | • |
| | | | | | WHE | N SUBST | ITUTE | |
| | S | UBSTITUT | E PROGRAM | | CARRI | AGE OCC | | 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. FROM | TIMES — TO | DELETION |
| | | Tes of No | CALL SIGN | 4. STATION S LOCATION | AND DAT | FROM | — то | |
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| Accounting Period: | 2020/1 | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CableSouth Media III, LLC | SY | STEM ID# 33963 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmers (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. | nission service | |
| 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 \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. | 3263,80(| |
| | 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 th accounting period is \$52.00 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 \$137,10 | 00) | |
| | 1. Base amount under statutory formula \$ 263,800.00 | | |
| | 2. Enter amount of gross receipts from space K | | |
| | 3. Subtract line 2 from line 1 | | |
| | 4. Enter the amount of gross receipts from space K | | |
| | 5. Enter the amount from line 3 | | |
| | | | |
| | 6. Subtract line 5 from line 4 | | |
| | 7. Multiply line 6 by .005 (enter figure here) | | |
| | 8. Interest charge. Enter the amount from line 4, space Q, page 8 | | 0.00 |
| | 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 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 | | |
| | 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) FALS | 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 Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo | | |

| | L NAME OF OWNER OF CABLE SYSTEM: SYSTEM | |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Name Cable | | / ID# 8963 |
| M Instru- to its Channels 1. En syst 2. En on v | NNNELS ructions: You must give (1) the number of channels on which the cable system carried television broadcast stations as subscribers, and (2) the cable system's total number of activated channels during the accounting period. Inter the total number of channels on which the cable stem carried television broadcast stations Inter the total number of activated channels which the cable system carried television broadcast stations 1177 | |
| | VIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom an contact about this statement of account.) | |
| for Further Nam Information | | |
| Add | dress 1056 Jones Blvd (Number, street, rural route, apartment, or suite number) Milan, TN 38358 (City, town, state, zip) | |
| Ema | ail cworkman@swyftconnect.com Fax (optional) | |
| Certification • I, the | IFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) 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; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 of the cable system in line 1 of space B. we examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein rue, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. J.S.C., Section 1001(1986)] | |
| | Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) | |
| | Typed or printed name: Thomas Pate Title: CFO (Title of official position held in corporation or partnership) | |
| | Date: 08/31/2020 | |

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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM I |
| bleSouth Media III, LLC | 3396 |
| 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 YES. Enter the total here and list the satellite carrier(s) below. \$ | 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. | Q |
| | |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessmer |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessmer |
| x | Interest Assessmen |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here - x | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 x - (interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | Interest Assessme Interest |

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 th 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.