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

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	03/03/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (YY	'YY/(Period))	

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		COMMZOOM COMMUNICATIONS, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		2438 BOARDWALK ST
		(Number, street, rural route, apartment, or suite number) SAN ANTONIO, TX 78217 (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: COMMZOOM
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	COMMZOOM COMMUNICATIONS, LLC	022162
D	Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community the as the "first community." Please use it as the first community on all future for the second sec	prated communities within unincorporated areas and including single, hat you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
First	CITY OR TOWN DEVINE	TX STATE
Community	LYTLE	TX
	NATALIA	ТХ
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name		CATIONS, I	LC						02216
_	SECONDARY TRANSMISSION	SERVICE	BSCP		TES				
E	In General: The information in s		-	-	-	v transmission s	ervice of th	ie cable	
	system, that is, the retransmission								
Secondary	about other services (including p						nose existi	ng on the	
Transmission	last day of the accounting period							h na lua n	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv	ice at the rate i	ndicated	I-not the num	ber of set	s receiving servi	ce).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variations	within a p	articular rate	
	Block 1: In the left-hand block				es of sec	ondarv transmiss	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note			-		-			
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					i in the count und	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, the								
	with the number of subscribers a	ind rates, in the	e right-ha	and block. A tw	o- or thre	e-word description	on of the s	ervice is	
	sufficient.	DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	COBCOTUB	LIKO	TUTE	0,11		(THOE	CODOCINIDENCO	10112
	Service to first set		44	97.81					
	Service to additional set(s)			01101					
	• FM radio (if separate rate)								
	Motel, hotel		3	97.81					
	Commercial		0	57.51					
	Converter		Ĭ						
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	5				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
	, , ,							BLOCK 2	
		BL O	:K 1						
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	/ICE	RATE	CATEGO	DRY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services:		CATEG	ORY OF SER		RATE	CATEGO		RATE
			CATEG Installa			RATE	CATEGO		RATE
	Continuing Services:		CATEG Installa • Mote	tion: Non-res		RATE	CATEGO		RATE
	Continuing Services: • Pay cable		CATEG Installa • Mote • Con	tion: Non-res i el, hotel		RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel		CATEG Installa • Mote • Con • Pay	tion: Non-res el, hotel nmercial	dential	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEG Installa • Mote • Con • Pay • Pay	tion: Non-res el, hotel nmercial cable	dential	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		CATEG Installa • Mote • Con • Pay • Pay • Fire	tion: Non-res el, hotel nmercial cable cable-add'l ch	dential	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection	dential	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE	CATEG Installa • Mote • Con • Pay • Pay • Fire • Burg	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection	dential	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEG Installa • Mote • Con • Pay • Pay • Fire • Bure Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices:	dential	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	CATEG Installa • Mot • Con • Pay • Pay • Fire • Burç Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection ervices: onnect	dential	RATE	CATEGO		RATE

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
ame	соммгоом сомм	JNICATIONS, LLC		0222
	PRIMARY TRANSMITTERS:	TELEVISION		
G nary nitters: <i>v</i> ision	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 ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a such the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educate uctions in the paper SA1-2 form.	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each or multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KARR			
	KABB	29		SAN ANTONIO, TX
	KENS			SAN ANTONIO, TX SAN ANTONIO, TX
cessary			I N-M E	
cessary	KENS	5		SAN ANTONIO, TX
essary:	KENS KHCE	5 23	E	SAN ANTONIO, TX SAN ANTONIO, TX
essary	KENS KHCE KLRN	5 23 9	E	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX
:essary	KENS KHCE KLRN WOAI	5 23 9 4	E E N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX
cessary	KENS KHCE KLRN WOAI KPXL	5 23 9 4 26	E E N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX
cessary	KENS KHCE KLRN WOAI KPXL KMYS	5 23 9 4 26 35	E E N-M I I N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX
cessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
ecessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT	5 23 9 4 26 35 12	E E N-M I I N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX
Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
5 Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
5 Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
s Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX
as Necessary	KENS KHCE KLRN WOAI KPXL KMYS KSAT KVDA	5 23 9 4 26 35 12 60	E E N-M I I N-M N-M	SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX SAN ANTONIO, TX UVALDE, TX KERRVILLE, TX SAN ANTONIO, TX SAN ANTONIO, TX

Accounting F	Period: 2019	/2					FORM	I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID
COMMZOON			ONS, LLC					02216
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo	it is carried b monitoring, to ormation abou rm. dentify the cal	y the sys be recein at the Co	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on t each station carried. on is AM or FM.	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain si	be expected, ated intervals.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing Give the station	g a checl n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC			
				-				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<u> </u>						

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	COMMZOOM COMMU	NICATION	IS, LLC					022162
					_			
	SUBSTITUTE CARRIAGI	-	-					
I I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				general mea		e paper er ti	
Special	During the accounting per				s any nonnei	work televi	sion program	n
Statement and		-	r cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant sta						YES	× NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if thei	r meaning is	•
	clear. If you need more spa			ision program ("substitute p	program") that	t during the	e accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for furthe	er information	
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Lo	ove Lucy" or	
	"NBA Basketball: 76ers vs.			"Vee " Otherwise enter "N	- "			
				r "Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the	FCC or, in	
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is iden	itified).		
			when your sys	tem carried the substitute p	orogram. Use	numerals,	with the mor	nth
	first. Example: for May 7 giv							
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	noula be	
		er "R" if the	listed program	was substituted for progra	mming that v	our svstem	was require	d
	to delete under FCC rules a							
	was substituted for program		our system wa	s permitted to delete under	FCC rules a	nd regulation	ons in	
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
								·
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1		1	1	I	I I	, <i>_</i>		

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: COMMZOOM COMMUNICATIONS, LLC	S	YSTEM ID# 022162
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service s amount, see	e 8,100.31
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,		
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Name CO CH Ins Channels Channels Channels Channels 1. E Sy 2. E OU au 2. E OU au 2. E OU au 2. E OU au 2. E OU au	ANNELS Structions: You its subscribers, a Enter the total ne system carried te Enter the total ne on which the cabi and nonbroadcas DIVIDUAL TO B e can contact abo ame ddress	and (2) the cable system's t umber of channels on which levision broadcast stations umber of activated channels le system carried television st services	total numbers h the cable broadcast HER INFOR	stations RMATION IS NEEDED (Identify an individual to whom	SYSTEM ID# 022162
M Ins to i Channels 2. E OI 2. E DI 2. E DI 2.E	structions: You its subscribers, a Enter the total m system carried te Enter the total m on which the cabi and nonbroadcas DIVIDUAL TO B e can contact abo ame ddress	and (2) the cable system's t umber of channels on which levision broadcast stations umber of activated channels le system carried television at services	total numbers h the cable broadcast HER INFOR	er of activated channels during the accounting period. stations	141
Individual to Be Contacted for Further Information	and nonbroadcas	E CONTACTED IF FURTH but this statement of accour JACOB T. GRAY	IER INFOR	RMATION IS NEEDED (Identify an individual to whom	
Individual to Be Contacted for Further Na Information	e can contact abo	JACOB T. GRAY	nt.)		210-736-3376, EXT 1004
Information	ddress (2438 BOARDWALK S	~-	Telephone	210-736-3376, EXT 1004
Ad	(~		
				a number)	
	(SAN ANTONIO, TX 7 City, town, state, zip)		,	
Er	mail	CFO@COMMZ		M Fax (optional) 210-403-268	38
O Certification · I, f	the undersigned, (Owner of (Agent o in line) X (Officer in line) have examined th	hereby certify that (Check or other than corporation or partner than corporation f owner other than corporation e 1 of space B and that the o or partner) I am an officer (if e 1 of space B. the statement of account and I and correct to the best of my	ne, <i>but only</i> artnership) ntion or par woner is not f a corporat hereby decl	ified and signed in accordance with Copyright Office regulations) one, of the boxes.) () I am the owner of the cable system as identified in line 1 of space B tnership) I am the duly authorized agent of the owner of the cable sy a corporation or partnership; or tion) or a partner (if a partnership) of the legal entity identified as own lare under penalty of law that all statements of fact contained herein , information, and belief, and are made in good faith.	ystem as identified
			Enter an e	/s/ JACOB T. GRAY electronic signature on the line above to certify this statement. ature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	l name:	JACOB T. GRAY	
		Title: (Title of c	CFO/C	OO n held in corporation or partnership)	
		Date:		MARCH 03, 2020	

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephol numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lay

unting Period: 2019/2					FORM SA1-2E. PA
L NAME OF OWNER OF CABLE SYSTEM:					SYSTEM
IMZOOM COMMUNICATIONS, LLC					022
SPECIAL STATEMENT CONCERNING GROS The Satellite Home Viewer Act of 1988 amended Title 17, lowing sentence: "In determining the total number of subscribers and service of providing secondary transmissions of pr scribers and amounts collected from subscribers re-	, section 111(d)(1)(A), of t d the gross amounts paid rimary broadcast transmitt	he Copyright to the cable s ers, the syste	ystem for the b m shall not incl	asic ude sub-	P Special Stateme Concerning Gros
For more information on when to exclude these amounts, located in the paper SA1-2 form.					Receipts Exclusi
During the accounting period, did the cable system exclude made by satellite carriers to satellite dish owners?	de any amounts of gross r	eceipts for se	condary transm	iissions	
X NO					
YES. Enter the total here and list the satellite carrier(s	s) below	\$			
Name	Nama				
Name Mailing Address	Name Mailing Address				
INTEREST ASSESSMENT					
You must complete this worksheet for those royalty paym			neni or underd		
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