## IF YOU ARE FILING FOR A PRIOR ACCOUNTING PERIOD, CONTACT THE LICENSING DIVISION FOR THE CORRECT FORM.

C	T	۸	~	_	R	Λ	F	١	J	T	0	F	Δ	C		0	1	I	١	J'	1
$\overline{}$		M	. 1	_		41		1	٧		v	T	m	v	•	•	٠.	J	1	v.	1

for Secondary Transmissions by Cable Systems (Short Form)

General Instructions are at the end of this form [pages (i)-(vi)].

OFFICE USE ONLY
AMOUNT
ALLOCATION NUMBER

SA1-2 Short Form

Return to: LIBRARY OF CONGRESS COPYRIGHT OFFICE LICENSING DIVISION 101 INDEPENDENCE AVE., S.E. WASHINGTON, DC 20557-6400 (202) 707-8150

[Deliveries to LM-458] 8:30 to 5:00

Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1 - December 31, 2004								
<b>B</b> Owner	TOOL HIS 165 DEER COMMITTED WHOST WE MINISTRANCE DELOW. IT WE'VE AND ANY CHARLES, CHARLES AND CHARLES								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM: 023645								
1	SOUTHWEST CABLEVISION, I	NC.							
		023645 2004/2							
	DALLAS, TX 75380	Isinona artisala namas utad	to identify the hypergraph and an emile						
C	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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: P.O. BOX 4028 [Number, Street, Rural Rouse, Apartment or Suite Number]  MONROE, LA 71211-4028  (City, Town, State, ZIP Code)								
D Area Served	INSTRUCTIONS: List each separate community served by the cable system. A "community" is the same as a "community unit" as define in FCC rules: " a separate and distinct community or municipal entity (including unincorporated communities within unincorporate areas and including single, discrete unincorporated areas,") 47 C.F.R. §76.5(mm). The first community that you list will serve as form of system identification hereafter known as the "First Community." Please use it as the First Community on all future.								
<b></b>	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
First ▶ Community	WISNER GILBERT	LA LA							
		The state of the s							
				********					

FORM SA1-2. PAGE 2. ACCOUNTING PERIOD: 2004/2									
LEGAL NAME OF OWNER OF CABLE SYSTEM	<b>1</b> ;				SYST	EM ID#	Name		
SOUTHWEST CABLEVISION, INC. 023645  SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of "secondary transmission service" of the cable									
	n in space E should on of television are any cable) in space ne 30 or Decemb oth blocks in space is mission service, or of billings in that atte indicated—no te charged for each. (Example: "\$8/m counts allowed for book in space E, the atte to their subscribite: Where an indicated ble service to adde again under "Seem has rate categitiers of services where of services where of services where the services where services where the services where services where the ser	d cover all category and radio broadcas as F, not here. All the er 31, as the case as E call for the number of set the number of set the category (the number of set category of servich). Summarize advance payment form lists the cate as a "subscriber" las a "subscriber listional sets would be revice to Additional or	ies of "seconds by your syne facts you so may be). ber of subscrean compute ber of person sits receiving strice. Include the any standard the gories of subscreation is receiving each appliebe included it   Set(s)."  y transmission more second	dary transmistem to sub- tate must be the must be the number as or organizaservice). Doth the am rate variation ondary transibers and rativing service the count an service the dary transmisters and the dary transmisters and the dary transmisters and the count an service the dary transmisters and the dary transmisters and the dary transmisters are the dary transmisters.	e those existing on cable system, broker of "subscribers" cations charged second of the charge ons within a particular for each listed of that falls under cory. Example: a resunder "Service to that are different from issions), list them, to	ermation the last en down in each parately and the parately at cable category different sidential the First en those cogether	Secondary transmission Service: Subscribers and Rates		
BLOCK .	1		· · · · · · · · · · · · · · · · · · ·	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE CATE	GORY OF SE	ERVICE	NO. OF SUBSCRIBERS	RATE			
Residential: Service to First Set Service to Additional Set(s) FM Radio (if separate rate) Motel, Hotel Commercial Converter Residential Non-Residential									
SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES  In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E. That is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning: (1) services furnished at cost; and (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.  Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.  Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two or three word) description, and include the rate for each.									
	BLOCK 1	**************************************			BLOCK 2				
CATEGORY OF SERVICE	RATE CATEGO	RY OF SERVICE	RATE	CATEGO	RY OF SERVICE	RATE			
Pay Cable—Add'l Channel Fire Protection Burglar Protection Installation: Residential	12.50 • Motel, 7.00 • Comm N/A • Pay Ca N/A • Pay Ca • Fire Pr	on: Non-Residen Hotel ercial able able—Add'l Chann otection	35.00 35.00 35.00 el N/A N/A						
• First Set	35.00 Burgiai	Protection	N/A				A. Harrison		

35.00 NC 35.00 35.00

N/A

N/A

..N/A

Other Services:

• Reconnect .....

Disconnect.
 Outlet Relocation
 Move to New Address.

• FM Radio (if separate rate) .

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: SOUTHWEST CABLEVISION, INC. SYSTEM ID# 023645

G

Primery Transmitters: Television

## INSTRUCTIONS:

General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except: (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981 permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4) or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program

basis under specific FCC rules, regulations, or authorizations:

• Do not list the station here in space G—but do list it in space I (the Special Statement Program Log)—if the station was carried only on a substitute basis.

• 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 futher information concerning substitute basis stations, see page (v) of the General Instructions.

Column 1: List each station's call sign. Do not report program services such as BBO ESEN ale.

Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "I" (for independent) or "E" (for noncommercial educational). For the meaning of these terms, see page (iv) of the General Instructions.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KAQY	11	N	COLUMBIA, LA
KARD	14	N	W. MONROE, LA
KLTM	13	E	MONROE, LA
KNOE	8	N	MONROE, LA
KTVE	10	N	MONROE, LA
***********		. , ,	· , , ,
************		,	
		***	
********			
		• • • • • • • • • • • • • • • • • • • •	
*********			
			,,
	Total Total Control of the Control o		
*******	Transaction of the state of the		
		· John State Company	

LEGAL NAME OF OWNER OF CABLE SYSTEM

Name

SYSTEM ID#

SOUTHWEST CABLEVISION, INC. 023645									
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.									
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office Regulations, an FM signal is "generally receivable" if: (1) "it is carried by the system whenever it is received at the system's headend"; and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office Regulations on this point, see page (iv) of the General Instructions.  Column 1: Identify the call sign of each station carried.  Column 2: State whether the station is AM or FM.  Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.  Column 4: Give the 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).									
CALL SIGN AM or FM S/D	LOCATION OF STATION	CALL SIGN AM or FM	S/D LOCATION OF STATION						
	Į		1 1						
			.						
1				Table and the second se					
	,								
	1	1 1	1 1						
	<u>}</u>								
	1.								
	j i	11							
				,					
				,					
				,					
				***************************************					
				est-depth distribution					
				- Company of the Comp					
				And the second s					

**ACCOUNTING PERIOD: 2004/2** FORM SA1-2, PAGE 5. LEGAL NAME OF OWNER OF CABLE SYSTEM SYSTEM ID# Name SOUTHWEST CABLEVISION, INC. 023645 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 Substitute Instructions. Carriage: Special 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE: Statement and During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 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. 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 attach additional pages. 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: 76ers 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 \*5/7". 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 from 6:01:15 p.m. to 6:28:30 p.m. should be stated 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; or 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 SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON FOR DELETION 2. LIVE? 3. STATION'S 5, MONTH 6. TIMES 1. TITLE OF PROGRAM Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM - TO

		TING PERIOD						
LEGAL NAME OF OWNER OF CABLE SYSTEM: SOUTHWEST CABLEVISION, INC.	SYSTEM ID# 023645	Name						
	923043	T						
Instructions: The figure you give in this space determines the form you file and the of all amounts ("gross receipts") paid to your cable system by subscribers for the service" (as identified in space E) during the accounting period. For a further explanation see page (v) of the General Instructions.  • Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	system's "secondary transmission on of how to compute this amount,	Gross Rec						
IMPORTANT: You must complete a statement in space P concerning gross receipts	(Amount of "gross receipts")							
INSTRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE		1						
To compute the royalty lee you owe:		- Spatial						
<ul> <li>Complete either block 1, block 2 or block 3</li> <li>Use block 1 if the amount of "gross receipts" in space K is \$98,500 or less</li> <li>Use block 2 if the amount of "gross receipts" in space K is more than \$98,600 but less the Use block 3 if the amount of "gross receipts" in space K is more than \$189,800 but less</li> <li>See page (vi) of the General Instructions for more Information.</li> </ul>	nan or equal to \$189,800 then \$379,600	Copyrig Royalty						
BLOCK 1: "GROSS RECEIPTS" OF \$98,500 OR LESS		1						
INSTRUCTIONS: As a cable system with "gross receipts" of \$98,600 or less, the royalty fee the accounting period is \$37.00	hat you must pay for this six-month							
Line 1. Royalty Fee for Accounting Period	<u>\$ 37.00</u>							
Line 2. Interest Charge. Enter the amount from line 4, space Q, page 8	s 0.00							
	27.00							
Line 3, TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$ 37.00							
BLOCK 2: "GROSS RECEIPTS" OF \$189,800 OR LESS (but more than \$98,600)								
Base amount under statutory formula	\$189,800							
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 O, page 8								
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$							
BLOCK 3: "GROSS RECEIPTS" OF MORE THAN \$189,800 (but less t	than \$379,600)							
1. Enter the amount of *gross receipts* from space K  \$								
	\$189,800	,						
	CONTRACTOR OF THE CONTRACTOR O							
3. Subtract line 2 from line 1								
4, Multiply line 3 by .01								
5. Royalty due on the first \$189,800 of gross receipts (under statutory formula)								
6. Interest Charge. Enter the amount from line 4, space Q, page 8								

	D: 2004/2 FO	IRM SA1-2. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID							
	SOUTHWEST CABLEVISION, INC.	02364							
M Channels	CHANNELS INSTRUCTIONS: You must give: (1) the number of channels on which the cable system carried telestations to its subscribers; and, (2) the cable system's total number of activated channels, during the a								
	Enter the total number of channels on which the cable system carried television broadcast stations.								
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	31							
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to who we can write or call about this Statement of Account.)								
Contact	Name DOUGLAS K BRIDGES Telephone 972-233	-9616							
	Address P.O. BOX 802068 [Number, Street, Forel Route, Apartment or Strits Number]								
	DALLAS, TX 75380	* * * * * * * * * * * * * * * * * *							
	(City, Yown, Stata, ZIP Code)								
0	CERTIFICATION: (This Statement of Account must be certified and signed in accordance with Regulations, as explained in the General Instructions.)	Copyright Of							
Certification	I, the undersigned, hereby certify that: (Check one, but only one, of the boxes.)								
	□ (Owner other than corporation or partnership) I am the owner of the cable system as identified B; or	ertnership) I am the owner of the cable system as identified in line 1 of space							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent o cable system as identified in line 1 of space B, and that the owner is not a corporation or pa	hip) I am the duly authorized agent of the owner of the 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 owner of the cable system in line 1 of space B.								
	• I have examined the Statement of Account and hereby declare under penalty of law that all s contained herein are true, complete, and correct to the best of my knowledge, information, and belief, good faith. [18 U.S.C., Section 1001(1986)]	tatements of t and are made							
	Handwritten signature: (X) Dang G. K. A.	5							
	Typed or printed name: DOUGLAS K BRIDGES	•••••							
	Title:	PRESIDEN							
	Date:								

PRIVACY ACT ADVISORY STATEMENT-Required by Privacy Act of 1974 (Public Law \$3-579)

Furnishing This information is:

Voluntary

But if the Information is Not Furnished:

It may be necessary to delay placement of this Statement of Account in the com-pleted record of Statements of Account,

Authority for Requesting This information:

Tike 17, U.S.C. §111

You may be liable for civil or criminal cenalities for copylight infringement with penalties for copyright infringement with respect to retransmission of television and racio stations (17 U.S.C. §§502-506. 509-510)

Principal Uses of Requested Information:

• Establishment and maintenance of a public record.

- Examination of the Statement of Account for compliance with legal requirement
- Other Routine Uses:

Public inspection and copying
 Preparation of public indexes
 Preparation of search reports upon request

- No other advisory statement will be given you in connection with this Statement of Account
- Pieces ratain a copy of this statement and refer to it if we communicate with you regarding this Statement of Account

FORM CAPE. FACE D.							
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name					
SOUTHWEST CABLEVISION, INC.	023645						
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION  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 for private home viewing pursuant to							
section 119.*							
For more information on when to exclude these amounts, see the note on page (v) of the General Instructions.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite home "dish" owners?							
NO YES. Enter the total here							
Name	Mailing Address						
Name	Mailing Address						
	ł <del>(</del>						
WORKSHEET FOR COMPUTING INTEREST		Q					
You must complete this worksheet for those royalty payment For an explanation of interest assessment, see page (vi) Ge	eneral Instructions.	Interest Assessment					
Line 1. Enter the amount of late payment or underpayment	\$						
	x%						
Line 2. Multiply line 1 by the interest rate* and enter the sum	n here						
	x days						
	•						
Line 3. Multiply line 2 by the number of days late and enter t	x .00274						
Line 4, Multiply line 3 by .00274** and enter here and in spa line 2, or Block 2, line 8, or Block 3, line 6							
and Z, or blook Z, and d, or blook d, and d	(interest charge)						
*Contact the Licensing Division at 202-707-8150 for the inte or underpayment occurred.	erest rate for the accounting period in which the late paym:at						
**This is the decimal equivalent of 1/365, which is the interest	est assessment for one day late.						
NOTE: If you are filing this worksheet covering a Statement of list below the Owner, Address, First Community Served, and							
Owner		And the state of t					
Address		en e					
First Community Served							
Accounting Period							