THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JULY 1, 2000.

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

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

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
LICENSING DIVISION	\$71.76 SRM				
AUG 1 3 2009	ALLOCATION NUMBER				
RECEIVED	853566				

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

			<u></u>				
۸	ACCOUNTING PERIOD COVERE	D BY THIS STATEME	ENT: (Check one of the boxes and fill in	the year date.)			
Accounting Period	☑ January1 - June 30 20 (Yea	09	☐ July 1 - December 31 (Year)				
Bowner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in Line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corpration. In Line 2, list any other names under which the owner conducts the business of the cable system. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	Arkwest Communications	, inc.					
	2 BUSINESS NAME(S) OF OWNE	ER OF CABLE SYSTEM	(IF DIFFERENT):				
	MAILING ADDRESS OF OWNE	R OF CARLE SYSTE					
	3 P.O. Box 699, 205 East 7th Danville, AR 72833		* 0 0 2 5 9 6 2 0 0 9 1	*			
С	INSTRUCTIONS: In line 1, give any but	siness or trade names us	sed to identify the business and operation or	tne system unless these			
System	names aready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
	MAILING ADDRESS OF CABLE	(Number, Street, Rural	Route, Apartment or Suite Number) wn, State, ZIP Code)				
D Area Served	in FCC rules: " a separate and distinc areas and including single, discrete unin form of system identification hereafte filings. Note: Entitles and properties such as hotels, a city.	t community or municipal corporated areas.*) 47 C er known as the "First (ole system. A "community" is the same as a "coll entity (including unincorporated communitie. F.R. §76.5(mm). The first community that Community." Please use it as the First Community home parks should be reported in parenth.	es within unincorporated you list will serve as a community on all future			
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First ▶ Community	Danville Belleville Havana	AR AR AR					
	Ola Plainview	AR AR					
	Yell County	AR					
			•••••				
REV: October 2000—5.	200						
1 16. V. CUICUST 20005,1	DOU PRINTED ON RECYCLED BARED		ALLO COVERNMENT DRUMBING				

LEGAL NAME OF OWNER OF CABLE SYSTEM Arkwest Communications, Inc.

SYSTEM ID# 000000

Name

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of "secondary transmission service" of the cable system: that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down

by categories of secondary transmission service. In general, you can compute the number of "subscribers" in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$8/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a "subscriber" in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the First Set," and would be counted once again under "Service to Additional Set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1, (for example, tiers of services which include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two or three word description of the service is sufficient.

BLOCK	1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential: Service to First Set Service to Additional Set(s)		14.95	Basic		20.00		
	1		Expanded Basic				
		1 :					

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	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	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)		Pay Cable Pay Cable – Add'l Channel Fire Protection Burglar Protection Other Services:		1 movie pkge 2 movie pkgs 3 movie pkgs 4 movie pkgs	12.95 22.95 32.95 42.95	
Converter		Disconnect Outlet Relocation Move to New Address	67.35		· · · · · · · · · · · · · · · · · · ·	

E

Secondary transmission Service: Subscribers and Rates

F

Services Other Than Secondary Transmissions: Rates

ACCOUNTING PERIOD: 2009/1 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM SYSTEM ID# Name Arkwest Communications, Inc. 000000 **INSTRUCTIONS** G 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 Primary 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. Transmitters: Television 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 origination program services such as HBO, ESPN, etc. 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
KARK	4	N	Little Rock, AR
KARZ	42		Little Rock, AR
KASN	38	1	Pine Bluff, AR
KATV	7	N	Little Rock, AR
KETS	2	E	Little Rock, AR
KFSM	5	N	Fort Smith, AR
KLRT	1.6	N	Little Rock, AR
KTHV	11	N	Little Rock, AR
WGN	19		Chicago, IL

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			•••••••••••••••••••••••••••••••••••••••

LEGAL NAME OF OV							SYSTEM ID#	
Arkwest Cor	nmunicat	tions	s, Inc.				000000	Name
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.						Н		
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).							Primary Transmitters: Radio	
CALL SIGN A	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			LOOMING OF OFFICE	OALL GIGIN	AIVIOITIVI	3/0	LOCATION OF STATION	
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ACCOUNTING PERIOD: 2009/1 FORM SA1-2, PAGE 5, LEGAL NAME OF OWNER OF CABLE SYSTEM SYSTEM ID# Name Arkwest Communications, Inc. 000000 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: SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE.
 During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.
 Yes X No Statement and Program Log Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program 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 as 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 FROM - T 1. TITLE OF PROGRAM 4. STATION'S LOCATION

LEGAL NAME OF OWNER OF CABLE SYSTEM: Arkwest Communications, Inc. SYSTEM ID# 000000	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts ("gross receipts") paid to your cable system by subscribers for the system's "secondary transmission service" (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (v) of the General Instructions. • 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. (Amount of "gross receipts")	K Gross Receipts
INSTRUCTIONS FOR COMPUTING THE COPYRIGHT ROYALTY FEE To compute the royalty fee you owe: • Complete either 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 \$263,800 • 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 for more Information.	Copyright Royalty Fee
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 this six-month 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 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
BLOCK 2: "GROSS RECEIPTS" OF \$263,800 OR LESS (but more than \$137,100)	
1. Base amount under statutory formula \$263,800 2. Enter amount of "gross receipts" from space K 139,076.48 3. Subtract line 2 from line 1 124,723.52 4. Enter the amount of "gross receipts" from space K 139,076.48	
5. Enter the amount from line 3 124,723.52 6. Subtract line 5 from line 4 14,352.96 7. Multiply line 6 by .005 (enter figure here) 5	
8. Interest Charge. Enter the amount from line 4, space Q, page 8 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	
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 IMPORTANT: When you file your Statement of Account on this form, SA1-2, you must also enclose with it the royalty fee you have computed in block 1, block 2, or block 3, above. Your remittance must be in the form of an electronic payment, certified check, caehler's check, or money order, payable to Register of Copyrights. Other forms of remittance, including personal or company checks will be returned. Do not send cash. We recommend electronic payments.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM Arkwest Communications, Inc.	SYSTEM ID
M Channele	CHANNELS INSTRUCTIONS: You must give: (1) the number of channels on which the cable system carried telev stations to its subscribers; and, (2) the cable system's total number of activated channels, during the acc	00000 rision broadcast counting period.
	Enter the total number of channels on which the cable system carried television broadcast stations.	9
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	203
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can write or call about this Statement of Account.)	ividual to whom
Contact	Name P.T. Sanders Telephone 479-495-4	4242
	Address 205 E. 7th Street (Number, Street, Rural Route, Apartment or Suite Number) Danville, AR 72833 (City, Town, State, ZIPCode) Email (optional) ptjr@arkwest.com Fax (optional)	
0	CERTIFICATION: (This Statement of Account must be certified and signed in accordance with C Regulations, as explained in the General Instructions.)	opyright Office
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 in space B; or	line 1 of
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the own cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership	ner of the
	☐ (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity owner of the cable system in line 1 of space B.	identified as
	 I have examined the Statement of Account and hereby declare under penalty of law that all statements of herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made [18 U.S.C., Section 1001(1986)] 	fact contained e in good faith.
	Handwritten signature:	
	Typed or printed name: P.T. Sanders	
	Title: VP Operations (Title of official popular hard in corporation or partnership)	
	Date: 8 //5 /09	

PRIVACY ACT ADVISORY STATEMENT - Required by Privacy Act of 1974 (Public Law 93-579)

Authority for Requesting This information:
Title 17, U.S.C. § 111

Furnishing This information is:

Voluntary

But it the information is Not Furnished:

It may be necessary to delay placement of this Statement of Account in the completed record of Statements of Account.

You may be liable for civil or criminal penalties for copyright infringement with respect to retransmission of terevision and radio stations (17 U.S.C. §§502-508, 502-508).

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

- Note:

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

OTIM DAT-2. FAGE 0.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Arkwest Communications, Inc.	000000	7141110
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, sect sentence: "In determining the total number of subscribers and the gro	ion 111(d)(1)(A), of the Copyright Act by adding the following	P Statement of
of providing secondary transmissions of primary broadca and amounts collected from subscribers receiving secon	st transmitters, the system shall not include subscribers	Gross Receipts
For more information on when to exclude these amounts, so	ee the note on page (v) of the General Instructions.	
During the accounting period did the cable system exclude a made by satellite carriers to satellite "dish" owners?	any amounts of gross receipts for secondary transmissions	
X NO		
☐ YES. Enter the total here and list the satellite carrier(s) t	pelow \$	
Name	Name	
Mailing Address		į
Name	Name	
Mailing Address	Mailing Address	
WORKSHEET FOR COMPUTING INTEREST		Q
You must complete this worksheet for those royalty payment	s submitted as a result of a late payment or underpayment.	Interest
For an explanation of interest assessment, see page (vi) Ge	neral Instructions.	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	here	
	xdays	ĺ
Line 3. Multiply line 2 by the number of days late and enter the		
•	x .00274	
Line 4, Multiply line 3 by .00274** and enter here and in space	ce I (nage 6) Block 1	
line 2, or Block 2, line 8, or Block 3, line 6	\$	
·	(interest charge)	ŀ
* Contact the Licensing Division at (202) 707-8150 (8:30 a accounting period in which the late payment or underpay	.m-5:00 p.m., eastern time) for the interest rate for the ment occurred.	
**This is the decimal equivalent of 1/365, which is the intere		
NOTE: If you are filing this worksheet covering a Statement of A below the Owner, Address, First Community Served, ID Numb	er, and Accounting Period as given in the original filing.	
Owner		
Address		
ID Number		
First Community Served		
Accounting Period		



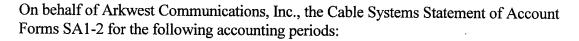
7852 Walker Drive, Suite 200, Greenbelt, MD 20770 phone: 301-459-7590, fax: 301-577-5575 internet: www.jsitel.com, e-mail: jsi@jsitel.com

August 12, 2009

VIA OVERNIGHT MAIL

Library of Congress Copyright Office 101 Independence Avenue, S.E. Washington, D.C. 20557-6400

Attn: Licensing Division, Room LM-458



January 1, 2007 – June 30, 2007 July 1, 2007 – December 31, 2007 January 1, 2008 – June 30, 2008 July 1, 2008 – December 31, 2008 January 1, 2009 – June 30, 2009

These Statements of Account are sent to you in accordance with the requirements of the Copyright Law (P.L. 94-553). The original and one copy are provided.

An Electronic Funds Transfer royalty fee payment of \$279.76 for the above accounting periods have been made via Pay.gov and payment confirmation has been emailed to the Licensing Division. Please note that the attached Statements of Account total royalty fees include calculated interest. Since copyright rules waive interest payments less than \$5.00, the payment remitted for each statement is the minimum \$52.00 fee, with the exception of the current filing period of 2009/1 – January 1 – June 30, 2009 for which the Royalty fee is \$71.76.





7852 Walker Drive, Suite 200, Greenbelt, MD 20770 phone: 301-459-7590, fax: 301-577-5575 internet: www.jsitel.com, e-mail: jsi@jsitel.com

If you should have any questions regarding this filing, please contact the undersigned.

Sincerely,

John Becci

Staff Director - Regulatory Affairs

on behalf of

P.T. Sanders, V. P. Operations Arkwest Communication, Inc.

Enclosures

cc: P.T. Sanders, Arkwest Communications, Inc.