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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
8/25/2017	\$							
	ALLOCATION NUMBER							

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING 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
		PLANT TIFTNET INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 187 (Number, street, rural route, apartment, or suite number)
		TIFTON, GA 31793-0187 (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 salready 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:
	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.

Accounting Period:	2017/1	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	PLANT TIFTNET INC	62208
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yeas the "first community." Please use it as the first community on all future filings	ou list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mob	ile home parks should be reported in parentheses below the
Served	identified city.	
Convou		
	CITY OR TOWN	STATE
First	TIFTON	GA
Community	TIFT COUNTY	GA
Add Rows as Necessary		
naa nows as necessary		

Accounting Period: 2017/1

PLANT TIFTNET INC

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62208

E

Secondary Transmission Service: Subscribers and Rates

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: "\$20/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 that 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.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	2,605	22.95	EXPANDED	2,469	61.95
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential	1,380	6.95			
Non-residential					
ſ		T		1	

F

Services Other Than Secondary Transmissions: Rates

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 or (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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	22.95	Motel, hotel		STARZ	16.95
 Pay cable—add'l channel 		Commercial	99.00	НВО	18.95
 Fire protection 		• Pay cable		MULTIMAX	12.95
 Burglar protection 		Pay cable-add'l channel		SHOWTIME	15.95
Installation: Residential		Fire protection			
First set	39.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	39.00		
 Converter 	6.95	Disconnect			
		Outlet relocation	39.00		
		Move to new address	39.00		

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62208

PLANT TIFTNET INC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In 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 and 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 further 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. 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 of license. For example, WRC is channel 4 in Washington, D.C.

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), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WALB	10	N-M	ALBANY, GA
WALB-ABC	10.2	N-M	ALBANY, GA
WFXL	31	N-M	ALBANY, GA
WSST	55	l	CORDELE, GA
W38DG	51	l	TIFTON, GA
WABW	DT-6	<u> </u>	PELHAM, GA
WSWG	44.1	N	ALBANY, GA
WSWG2	44.2	N-M	ALBANY, GA
WALB-HD	10	N	ALBANY, GA
WFXL-HD	31	N	ALBANY, GA
WSWG-HD	44.1	N	ALBANY, GA
WSWG-DT3	44.3	N-M	ALBANY, GA
W30DW-D	30.1	<u> </u>	TIFTON, GA
WALB-ABC-HD	10.2	N	ALBANY, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

PLANT TIFTNET INC

62208

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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

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
	 	 					
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Accounting Perio	d: 2017/1						FOR	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#	
Name	PLANT TIFTNET INC							62208	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	by a <i>distant</i> sta FCC rules, regu	lations, or a	uthorizations.	For a further	
Carriage:					ine general mo	ractions in t	ne paper er ti	Z IOIIII.	
Special	1. SPECIAL STATEMENT								
Statement and	During the accounting peri-	-	r cable system	carry, on a substitute ba	isis, any nonne	etwork telev	ision prograr		
Program Log	broadcast by a distant stat	ion?					YES	× NO	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complet	te the progra	m	
	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 add additional rows to the tables. 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 "6:00–6:30 p.m." 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; 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.								
	effect off October 19, 1970.								
	0.1	IDOTITUT	T DDOODAM			EN SUBST		7 DEASON FOR	
	Si		E PROGRAM 3. STATION'S			RIAGE OCC	TIMES	7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO		
							_		
						-		"	
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Accounting Period:	2017/1			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PLANT TIFTNET INC			(SYSTEM ID# 62208
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 in	system's s tion of how	econdary trans to compute this	mission servi s amount, see \$ 36	ce
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	ty fee that yo	ou must pay for	this six-month	I
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00		
	Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	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	3,800 (but l	ess than \$527	7,600)	
	Enter the amount of gross receipts from space K	\$	366,718.00		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	102,918.00		
	4. Multiply line 3 by .01		\$	1,029.18	
	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 .		\$	2,348.18
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,348.18	
Due	Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,368.18
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		_		ghts!

Accounting Period:	2017/1															FOR	M SA1-2E	. PAGE 7
Name	LEGAL NAME OF OWNER OF PLANT TIFTNET INC	CABLE SYSTEM:															SYS	TEM ID# 62208
M Channels	CHANNELS Instructions: You must gi to its subscribers, and (2) t 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system and nonbroadcast services.	he cable system's to f channels on which broadcast stations. f activated channels n carried television b	the cable	ble	of activa	ted char	nnels dui	ring the a	accou	unting p	eriod.		ns			14		
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORM	MATION	IS NEED	DED (Ide	ntify an i	indivi	dual to	whom	l						
for Further Information	Name WALT	ER WYNDROSI	KI									Telepho	one 22	29.382	2.3003			
	TIFTO	X 187 street, rural route, apartm N, GA 31793-01 , state, zip)		uite nu	number)													
	Email (City, town	walt@friendlycity.n	<u>net</u>						F	=ax (opt	tional)	229.528.	6888					
O Certification	(Agent of owner in line 1 of sp	other than corporation or particles of the particles of t	e, but only ritnership ion or pai vner is not a corpora ereby dec knowledge	partner on a contract of the c	ene, of the lam the concerning on the lam the concerning on the lam the corporation on the lam	am the con or parameter (if a penalty on Duf gnature con "/s/si	duly auth rtnership a partner f law tha elief, and	orized ag; or ship) of t t all state are mad	as ide	entified i of the ow gal entit is of fact good fair	wner o ty iden t contaith.	1 of space of the cable tified as continued here	e B; or e syste	em as ide		em		
		Date:								08/2	8/201	7						

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counting Period: 2017/1					FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF C	ABLE SYSTEM:				SYSTEM ID#
ANT TIFTNET INC					62208
The Satellite Home View lowing sentence: "In determining the service of providing the service of	ent concerning gross recover Act of 1988 amended Title 17, section the total number of subscribers and the group secondary transmissions of primary bounts collected from subscribers receiving	n 111(d)(1)(A), of the Coross amounts paid to the proadcast transmitters, the	opyright Act by adding to e cable system for the l he system shall not inc	pasic lude sub-	P Special Statement Concerning Gross
For more information on located in the paper SA1	when to exclude these amounts, see the 1-2 form.	e note on page (vii) of th	ne general instructions		Receipts Exclusion
	eriod, did the cable system exclude any as to satellite dish owners?	amounts of gross receip	ots for secondary transr	nissions	
X NO					
YES. Enter the total	here and list the satellite carrier(s) below	v <u>\$</u>	3		
Name Mailing Address		Name Mailing Address			
For an explanation of int	worksheet for those royalty payments su erest assessment, see page (viii) of the nt of late payment or underpayment	general instructions loca		-	Q Interest Assessment
Line i Linter the amoun	it of fate payment of underpayment			0%	
Line O. Multiply line 4 hy	. 46-2 :		х	0 /6	
Line 2 Multiply line 1 by	y the interest rate* and enter the sum her	le			
			x	0 days	
Line 3 Multiply line 2 by	y the number of days late and enter the s	sum nere	x 0.002	- 274	
Line 4 Multiply line 3 by	y 0.00274** and enter here				
in space L, (page	e 6) block 1, line 2, or block 2 line 8, or b	lock 3 line 6	\$	-	
		, , , ,	(interest c		
	t rate chart click on www.copyright.gov/ling Division at (202) 707-8150 or licensing		ff. For further assistant	e please	
** This is the decima	l equivalent of 1/365, which is the interes	st assessment for one d	ay late.		
-	nis worksheet covering a statement of acdress, first community served, ID number			-	
Owner					
Address					
Address ID number					

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