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

Return completed workbook

STATEME	INT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook			\$ 02/14/2018 ALLOCATION NUMBE		For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCO	DUNTING PERIOD COVERED E	3Y THIS STATEMENT: (Y	YYY/(Period))		
		2018/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
			Barcode Data Filing Period (optiona	al - see instructions)		
Accounting Period						
		Instructions:				
В		Give the full legal name of the owner of the of the subsidiary, not that of the parent co		idiary of another corporation, give the full co	rporate title	
Owner		List any other name or names under which	the owner conducts the business of t	the cable system.		
		If there were different owners during the a single statement of account and royalty fee		the last day of the accounting period should sting period.	submit a	
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	62643	
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM			
		Bulloch County Rural Telephone Co	operative Inc			
		BUSINESS NAME(S) OF OWNER OF	-	Г)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		2903 Northside Dr W (Number, street, rural route, apartment, or suite nu	ımber)			
		Statesboro, Ga 30458 (City, town, state, zip)				
С				ntify the business and operation of the ne system, if different from the address		
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite nu	mber)			
		(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
Namo	Bulloch County Rural Telephone Cooperative, Inc.	6264
D	Instructions: List each separate community served by the cable system. A "comr "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that ye as the "first community." Please use it as the first community on all future filings	d communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobidentified city.	ile home parks should be reported in parentheses below the
First	CITY OR TOWN Brooklet	STATE Ga
Community	Portal	Ga
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C					FORM SA1	TEM IC
Name	Bulloch County Rural T		operative. Inc.			515	626 ⁴
Е	SECONDARY TRANSMISSION			-		64b	
	In General: The information in s system, that is, the retransmission	-	-	•			
Secondary	about other services (including p						
Transmission	last day of the accounting period	•				0	
Service: Sub- scribers and	Number of Subscribers: Both	•					
Rates	down by categories of secondar each category by counting the n						
Huloo	separately for the particular serv	0	0,0		0	no onargoa	
	Rate: Give the standard rate of						
	unit in which it is generally billed category, but do not include disc			ny standard rate	variations within	a particular rate	
	Block 1: In the left-hand block			ries of secondary	transmission ser	vice that cable	
	systems most commonly provide		-	•			
	that applies to your system. Not		-	-			
	categories, that person or entity			••	0,		
	subscriber who pays extra for ca first set" and would be counted of				count under Sei	vice to the	
	Block 2: If your cable system				that are differen	t from those	
	printed in block 1 (for example, t					-	
	with the number of subscribers a sufficient.	and rates, in the	right-hand block. A t	vo- or three-word	description of the	e service is	
		DCK 1			BLOO	CK 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS RATE	CATEGORY	OF SERVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIADEI		0, TEOOIT	OF BEITHBE	COBCOLUBEIKO	1011
	Service to first set	2.	458 24.95	Expanded Ba	asic	2,072	50.
	Service to additional set(s)			Digital Basic		810	10.
	• FM radio (if separate rate)			НВО		97	16.
	Motel, hotel			Showtime		66	12.
	Commercial			Cinemax		54	12.
	Converter			Starz		96	8.
	Residential						
	Non-residential						
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSIONS: RATE	s			
F	In General: Space F calls for rate	•	•		•		
Г	not covered in space E, that is, t						
Services	service for a single fee. There ar furnished at cost or (2) services						
Other Than	amount of the charge and the ur	nit in which it is u				-program basis,	
Secondary	enter only the letters "PP" in the	rate column.	isually billed. If any r	ates are charged	on a variable per		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate	rate column. te charged by the	isually billed. If any raise and the system for each a	ates are charged on a charged on a charged on a charge of the application of the applicat	on a variable per ble services liste	d.	
Secondary	enter only the letters "PP" in the	rate column. te charged by the t your cable syst	isually billed. If any r e cable system for ea em furnished or offer	ates are charged on the application of the application of the application of the application of the acc	on a variable per ble services lister ounting period th	d. at were not	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	rate column. te charged by the t your cable syst separate charge	sually billed. If any raise able system for ea em furnished or offer was made or establ	ates are charged on the application of the application of the application of the application of the acc	on a variable per ble services lister ounting period th	d. at were not	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. te charged by the t your cable syst separate charge ption and include	e cable system for ea e m furnished or offer was made or estable the rate for each.	ates are charged on the application of the application of the application of the application of the acc	on a variable per ble services lister ounting period th	d. lat were not the form of a	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. te charged by the t your cable syst separate charge btion and include BLOC	e cable system for ea e m furnished or offer was made or establ the rate for each. K 1	ates are charged on the applicated of the applicated during the according the according the according the second shed. List these of the second shed are shed as a second shed shed as a second shed shed as a second shed shed shed shed as a second shed shed shed shed shed shed shed she	on a variable per ble services lister ounting period th other services in	d. the were not the form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by the t your cable syst separate charge btion and include BLOCI RATE	e cable system for ea e m furnished or offer was made or estable the rate for each.	ates are charged of the applicated during the accesshed. List these of the second shed. List these of the second shed. RA	on a variable per ble services lister ounting period th other services in	d. lat were not the form of a	RAT
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Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by the t your cable syst separate charge btion and include BLOCI RATE	e cable system for ea em furnished or offer was made or estable the rate for each. K 1 CATEGORY OF SER • Motel, hotel	ates are charged of the applicated during the accesshed. List these of the second shed. List these of the second shed. RA	on a variable per ble services lister ounting period th other services in	d. the were not the form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by the t your cable syst separate charge btion and include BLOCI RATE	e cable system for ea em furnished or offer was made or estable the rate for each. K 1 CATEGORY OF SER • Motel, hotel • Commercial	ates are charged of ach of the applical ed during the acc shed. List these of VICE RA idential	on a variable per ble services lister ounting period th other services in	d. the were not the form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	rate column. te charged by the t your cable syst separate charge btion and include BLOCI RATE	e cable system for ea em furnished or offer was made or estable the rate for each. K 1 CATEGORY OF SER • Motel, hotel • Commercial • Pay cable	ates are charged of ach of the applical ed during the acc shed. List these of VICE RA idential	on a variable per ble services lister ounting period th other services in	d. the were not the form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. te charged by the t your cable syst separate charge btion and include BLOCI RATE	e cable system for ea em furnished or offer was made or establ e the rate for each. K 1 CATEGORY OF SER • Motel, hotel • Commercial • Pay cable • Pay cable-add'l ch	ates are charged of ach of the applical ed during the acc shed. List these of VICE RA idential	on a variable per ble services lister ounting period th other services in	d. the were not the form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	rate column. te charged by the tyour cable syst separate charge otion and include BLOCI RATE C	e cable system for ea em furnished or offer was made or estable the rate for each. K 1 CATEGORY OF SER INSTALLATEGORY OF SER • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection	ates are charged of ach of the applical ed during the acc shed. List these of VICE RA idential	on a variable per ble services lister ounting period th other services in	d. the were not the form of a BLOCK 2	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE 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 column. te charged by the tyour cable syst separate charge otion and include BLOCI RATE C	e cable system for ea em furnished or offer was made or establ the rate for each. K 1 CATEGORY OF SER • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Other services: • Reconnect	ates are charged of ach of the applical ed during the acc shed. List these of VICE RA idential	on a variable per ble services lister ounting period th other services in	d. the were not the form of a BLOCK 2	RAT
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ounting Period: 2	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID#
		I Telephone Cooperative, Inc.		62643
G Primary Fransmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting ti e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. :: With respect to any distant stations c ules, regulations, or authorizations:	<i>t</i> (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati	me basis under ms [sections ions carried on a
	Do not list the station here station was carried only on List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel	e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie 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	ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, repor	on some other ons. N, etc. Identify each rt multistream
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canad	a case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is the community with which the station	ndent), "I-M" nal multicast). s licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSAV	3	N	Savannah
	WJCL	4	N	Savannah
d Rows as Necessary	WTGS	5	N	Savannah
	WVAN	9	Ν	Savannah
	wтос	11	N	Savannah
	WGSA	13	N	Savannah

	TOWNER OF (one Cooperative, Inc.					SYSTEM I 626
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recein to the Co sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C stem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
							·	

Accounting Perio	od: 2018/1						FORM	VI SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Bulloch County Rural	Telephon	e Cooperat	ive, Inc.				62643
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
I I	In General: In space I, ident		-		-	tion that w	our cable eve	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	During the accounting per	riod, did you	ur cable syster	m carry, on a substitute ba	sis, any noni	network tel	evision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?					YES	× NO
r rogram Log	,				"X "			
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must comp	lete the proc	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Lise abbreviation	s whorever n	occibla ift	hair maanin	a ie
	clear. If you need more spa				s wherever p			y 15
				vision program ("substitute	e program") t	hat, during	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy	or
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	is, with the h	nonth
			e substitute pr	ogram was carried by you	r cable svste	m. List the	times accura	atelv
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s anu regui		
	,							1
						N SUBST		
	S	UBSTITUT	E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
		100 01 110	ON LEE OTOTA		THE BITT	TROM	10	
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Accounting Period:	2018/1		FORM S	GA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Bulloch County Rural Telephone Cooperative, Inc.		ç	62643
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's secon (as identified in space E) during the accounting period. For a further explanation of how to c 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.	ndary transmi ompute this a	ssion service mount, see	67,962.60
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than 4 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than 5 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LE	55		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00	must pay for t	his six-mon	
	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 lines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more	than \$137,10	00)	
	1. Base amount under statutory formula 2	63,800.00		
	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)	····· <u>-</u>		
	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 les	s than \$527,6	600)	
	1. Enter the amount of gross receipts from space K	67,962.60		
	2. Base amount under statutory formula \$ 2	63,800.00		
	3. Subtract line 2 from line 1	04,162.60		
	4. Multiply line 3 by .01	\$	1,041.63	
	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		\$	2,360.63
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and				
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	2,360.63	
Dug	2. 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		\$	2,380.63
	Important: Your remittance must be in the form of an electronic payment payable See page i of the general instructions in the paper SA1-2 form for m	-		ghts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Bulloch County Rural Telephone Cooperative, Inc.	SYSTEM ID# 62643
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	6 210
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Melisa Hendrix Telephone	912-865-1100
Information	Address 2903 Northside Dr W (Number, street, rural route, apartment, or suite number) Stateboro, Ga 30458 (City, town, state, zip) Email melbrian@bulloch.net Fax (optional) 912-865-250	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as on in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified wner of the cable system
	Image: A state of the stat	

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

ounting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
loch County Rural Telephone Cooperative, Inc.	6264
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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