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						
02/27/2018	\$ 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	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  20172  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
		Google Fiber Georgia, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1600 Amphitheatre Parkway (Number, street, rural route, apartment, or sulte number)
		Mountain View, CA 94043 (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 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:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

Name    LEGAL MANE OF COMEN OF CASE LETYSTEM   Community   Communi		LEGAL NAME OF OWNER OF CARLE SYSTEM.	SYSTEM
Instructions: List each separate community served by the cable system. A "community" is the same as a "community as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  Community  Atlanta GA Dunwoody GA  Peachtree Corners GA  Roswell GA  Roswell GA  Clayton County GA  Clayton County GA  Dekalb County GA  Douglas County GA  Fulton County GA	Name		
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    CITY OR TOWN			
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    CITY OR TOWN	_		
as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    CITY OR TOWN	D		
Area Served  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  Duluth GA Dunwoody GA Dunwoody GA Peachtree Corners GA Roswell GA Sandy Springs GA Clayton County GA Clayton County GA Dekalb County GA Douglas County GA Fulton County GA Fulton County GA			
Served identified city.  CITY OR TOWN STATE  First Duluth GA Community Atlanta GA Dunwoody GA Dunwoody GA  Peachtree Corners GA  Marietta GA Roswell GA Sandy Springs GA Clayton County GA Cobb County GA Dekalb County GA Douglas County GA Fulton County GA Fulton County GA  Fulton County GA			
First Community Atlanta GA  Dunwoody GA  Dunwoody GA  Peachtree Corners GA  Roswell GA  Roswell GA  Clayton County GA  Clayton County GA  Dekalb County GA  Douglas County GA  Fulton County GA  Fulton County GA			te florite parks should be reported in parentheses below the
First Duluth GA Community Atlanta GA Dunwoody GA Peachtree Corners GA Marietta GA Roswell GA Sandy Springs GA Clayton County GA Cobb County GA Dekalb County GA Douglas County GA Fulton County GA Fulton County GA	Served	identified city.	
First Duluth GA Community Atlanta GA Dunwoody GA Peachtree Corners GA Marietta GA Roswell GA Sandy Springs GA Clayton County GA Cobb County GA Dekalb County GA Douglas County GA Fulton County GA Fulton County GA			
First Community Atlanta Dunwoody GA Dunwoody GA  Rows as Necessary Peachtree Corners GA Marietta GA  Roswell GA  Sandy Springs GA  Clayton County GA  Cobb County GA  Dekalb County GA  Douglas County GA  Fulton County GA  Fulton County GA		CITY OR TOWN	STATE
Dunwoody GA Peachtree Corners GA Marietta GA Roswell GA Sandy Springs GA Clayton County GA Cobb County GA Dekalb County GA Douglas County GA Fulton County GA Fulton County GA	First		GA
Dunwoody GA Peachtree Corners GA Marietta GA Roswell GA Sandy Springs GA Clayton County GA Cobb County GA Dekalb County GA Douglas County GA Fulton County GA Fulton County GA	Community	Atlanta	GA
Peachtree Corners  Marietta GA  Roswell GA  Sandy Springs GA  Clayton County GA  Cobb County GA  Dekalb County GA  Douglas County GA  Fulton County GA			
MariettaGARoswellGASandy SpringsGAClayton CountyGACobb CountyGADekalb CountyGADouglas CountyGAFulton CountyGA	l Rows as Necessary		
Roswell GA Sandy Springs GA Clayton County GA Cobb County GA Dekalb County GA Douglas County GA Fulton County GA	,	L	
Sandy Springs     GA       Clayton County     GA       Cobb County     GA       Dekalb County     GA       Douglas County     GA       Fulton County     GA			
Clayton County GA Cobb County GA Dekalb County GA Douglas County GA Fulton County GA			
Cobb County GA  Dekalb County GA  Douglas County GA  Fulton County GA			
Dekalb County GA  Douglas County GA  Fulton County GA			
Douglas County GA Fulton County GA			
Fulton County GA			
		Fulton County	
		- Cwininett County	

Accounting Period: 2017/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Google Fiber Georgia, LLC

63657

## Ε

#### 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.

BLG	OCK 1		BLOCK 2					
CATECORY OF SERVICE	NO. OF	DATE	CATECORY OF SERVICE	NO. OF	DATE			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Residential:								
<ul> <li>Service to first set</li> </ul>	1,989	\$25/mo						
Service to additional set(s)								
FM radio (if separate rate)								
Motel, hotel								
Commercial								
Converter								
Residential								
Non-residential								
		T		T	T*************************************			

# 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.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable		Motel, hotel		Video on demand 0.99/mo
<ul> <li>Pay cable—add'l channel</li> </ul>	55 - \$70 / mo	Commercial		
Fire protection		• Pay cable		
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		
Installation: Residential		Fire protection		
• First set		Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect		
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63657

#### Google Fiber Georgia, LLC

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
WAGADT	27	N	Atlanta, GA
WAGADT2	27.2	N-M	Atlanta, GA
WAGADT3	27.3	N-M	Atlanta, GA
WATCDT	41	I	Atlanta, GA
WATCDT2	41.1	I-M	Atlanta, GA
WATLDT	25	I	Atlanta, GA
WATLDT2	25.2	I-M	Atlanta, GA
WATLDT3	25.3	I-M	Atlanta, GA
WGCLDT	19	N	Atlanta, GA
WGCLDT2	19.2	N-M	Atlanta, GA
WGCLDT3	19.3	N-M	Atlanta, GA
WGTVDT	8	Е	Athens, GA
WHSGDT	44	I	Monroe, GA
WKTBCD2	47	N	Norcross, GA
WKTBCD3	47.2	N-M	Norcross, GA
WKTBCD4	47.3	N-M	Norcross, GA
WKTBCD5	47.4	N-M	Norcross, GA
WPBADT	21	Е	Atlanta, GA
WPCHDT	20	l	Atlanta, GA
WPXADT	31	I	Rome, GA
WPXADT2	31.2	I-M	Rome, GA
WPXADT3	31.3	I-M	Rome, GA
WSBDT	14	N	Rome, GA
WSBDT2	14.2	N-M	Rome, GA
WSBDT3	14.3	N-M	Rome, GA

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63657

Google Fiber Georgia, LLC

## 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WUPADT	43	l	Atlanta, GA
WUPADT2	43.2	I-M	Atlanta, GA
WUVGDT	17	N	Athens, GA
WUVGDT2	17.2	N-M	Athens, GA
WUVGDT3	17.3	N-M	Athens, GA
WUVGDT4	17.4	N-M	Athens, GA
WXIADT	10	N	Atlanta, GA
WXIADT2	10.2	N-M	Atlanta, GA
WXIADT3	10.3	N-M	Atlanta, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### Google Fiber Georgia, LLC

63657

#### 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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	1 001-10							
Accounting Perio	d: 2017/2 LEGAL NAME OF OWNER OF	CARLE SVS	ΓΕM·				FOR	M SA1-2E. PAGE 5.  SYSTEM ID#
Name			i Livi.					63657
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system systement and Program Log  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Special Statement and Program Log  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television 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 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 state under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information to the program was broadcast live, enter "Yes." Otherwise enter "No."  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 identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the molfirst. Example: for May 7 give "577."								em carried on a For a further -2 form.  NO m
	to the nearest five minutes. stated as "6:00–6:30 p.m."  Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	er "R" if the nd regulation ming that y	listed program	was substituted for proguring the accounting perious permitted to delete und	ramming that y d; enter the let ler FCC rules a	our system vour "P" if the	was require listed progr ns in	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES - TO	DELETION

Accounting Period:	2017/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
	Google Fiber Georgia, LLC			63657
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary trans to compute this	mission servi s amount, see	08,350.00
	CORVEIGHT BOVALTY FFF			
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 to use block 3 if the amount of gross receipts in space K is more than \$263,800 but less to See page (vi) of the general instructions located in the paper SA1-2 form for more information.	han \$527,600 on.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00	ou must pay for	this six-month	
	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	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	ore than \$137,	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K			
	5. Enter the amount from line 3			
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527	7,600)	
	Enter the amount of gross receipts from space K	298,350.00		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	34,550.00		
	4. Multiply line 3 by .01	. \$	345.50	
	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		\$	1,664.50
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	1,664.50	
Due	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		\$	1,684.50
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	_		ghts!

Accounting Period:	2017/2																FOF	RM SA1-2	E. PAGE	<u> </u>
Name	LEGAL NAME OF OWNER O Google Fiber Georgia,																	SYS	636	
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2)  1. Enter the total number of system carried television  2. Enter the total number on which the cable system and nonbroadcast services.	the cable system's tot of channels on which to broadcast stations of activated channels m carried television b	the cable	ole	er of ac	ctivated	d chanr	els duri	ng the a	accou	ınting p	period		ons			34			
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORM	RMATI	ION IS	NEEDE	E <b>D</b> (Ider	itify an i	individ	dual to	whom	l							
for Further Information	Name Marto	n Sziraczki											Teleph	one (6	50) 25	53-000	00			
	(Number,	Amphitheatre Pa street, rural route, apartme tain View, CA 94	nent, or suit	uite n	e numbe	er)														
	Email (City, tow	access-complian	nce@god	oogl	gle.co	om				F	ax (op	tional)								
O	(Agent of owner in line 1 of s	certify that (Check one an corporation or par other than corporation ace B and that the owner) I am an officer (if a pace B.  ment of account and he ect to the best of my know (1986)]	e, but only rtnership ion or pai vner is not a corpora ereby dec knowledge  X  Enter an e Enter sign	partninot a pration eclaringe, ir	rone, cone,	of the both the own hip) I an oration r a partrader permation,	n the di or part in the di or	e cable  Ily authorinership; partners  law that ief, and  sley  the line nature"	system and orized ago or ship) of the all state are made above the above the according to t	as ide gent o the leg ments de in g	of the overall and the overall	in line wher o ity ider it contaith.	1 of space of the cab diffied as ained here	ce B; or	em as ide		tem			

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 the 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 telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in 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

counting Period: 2017/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
oogle Fiber Georgia, LLC	63657
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."	Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name  Mailing Address  Mailing Address	
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	Interest Assessment
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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