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								
08/17/2018	\$ 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	NUNTING DEDICT COVERED BY THIS STATEMENT. (VVVV//Dorical)
^	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20181 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
		TRUVISTA COMMUNICATIONS OF GEORGIA
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 160 (Number, street, rural route, apartment, or suite number)
		CHESTER, SC 29706 (City, town, state, zip)
С		UCTIONS: 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:
		TRUVISTA
		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 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.

Accounting Period:	2018/1	
	 /, -	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TRUVISTA COMMUNICATIONS OF GEORGIA	37920
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li 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 h	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	identified city.	ionie parks snould be reported in parentneses below the
	CITY OR TOWN	STATE
First	CLAYTON	GA
Community	DILLARD	GA
	RABUN COUNTY	GA
Add Rows as Necessary	TIGER	GA
	MOUNTAIN CITY	GA
		,
		,

Accounting Period: 2018/1

FORM SA1-2F_PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37920

TRUVISTA COMMUNICATIONS OF GEORGIA

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	1,071	38.99					
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel	890						
Commercial							
Converter							
Residential							
Non-residential							
		l		1	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.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	17.50	Motel, hotel		
 Pay cable—add'l channel 		Commercial	50.00	
Fire protection		Pay cable	10.00	
Burglar protection		Pay cable-add'l channel	10.00	
Installation: Residential		Fire protection		
First set	55.00	Burglar protection		
 Additional set(s) 		Other services:		
 FM radio (if separate rate) 		Reconnect	35.00	
Converter		Disconnect		
		Outlet relocation	25.00	
		Move to new address	15.00	

Accounting Period: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37920

TRUVISTA COMMUNICATIONS OF GEORGIA

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
WAGA	27	1	ATLANTA, GA
WAGA HD	27.1	I-M	ATLANTA, GA
WGCL	19	N	ATLANTA, GA
WGTV	7	E	ATHENS, GA
WGTV HD	7.1	E-M	ATHENS, GA
WMYA	35	1	ATHENS, GA
WNEG	24	N	TOCCOA, GA
WPCH	31	l	ATLANTA, GA
WSB	32	N	ATLANTA, GA
WSB HD	32.1	N-M	ATLANTA, GA
WYFF	30	N	GREENVILLE, SC
WYFF HD	30.1	N-M	GREENVILLE, SC
WFYY-THIS TV	30.2	I-M	GREENVILLE, SC
WSB-RETRO TV	32.2	I-M	ATLANTA, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TRUVISTA COMMUNICATIONS OF GEORGIA

37920

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: 2018/1						FOR	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#			
Name	TRUVISTA COMMUNIC	CATIONS	OF GEORGI	Α				37920			
l	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 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 instructions in the paper SA1-2 form.										
Substitute Carriage:					ie general insti	uctions in the	е рарег ЗАТ	-2 101111.			
Special	1. SPECIAL STATEMENT					4		_			
Statement and	During the accounting per	-	r cable system	carry, on a substitute ba	sis, any nonne	twork televis					
Program Log	broadcast by a distant sta	tion?					YES	X NO			
	Note: If your answer is "No"	', leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	the prograr	n			
	log in block 2.										
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call: Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time 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.	itute prograce, please a of every no distant statisgulations, o les like "mo Bulls." In was broad sign of the sidcast static adian statio at the and day re "5/7." es when the Example: a ler "R" if the and regulation ing that y	am on a separa add additional ranetwork televition and that yo rauthorizations vies" or "basked deast live, enterestation broadea on's location (the one, if any, the owhen your system on program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter "asting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programing the accounting perio	e program") that ed for the program titles, for ex No." am. e station is lice to station is idented to program. Use to cable system to 6:2 tramming that y d; enter the left	ensed by the ntiffied). List the time 28:30 p.m. shows the "P" if the	accounting another star rinformation ve Lucy" or FCC or, in with the more accurate nould be was require listed progr	tion n. nth ly			
				\/\L	EN SUBSTI	TLITE					
	S	UBSTITUT	E PROGRAM	1		IAGE OCCI		7. REASON FOR			
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION			
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM -	— то				
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ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:					SA1-2E. PAGE SYSTEM II						
Name	TRUVISTA COMMUNICATIONS OF GE	ORGIA			·	3792						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space all amounts (gross receipts) paid to your cable (as identified in space E) during the accounting page (vii) of the general instructions located in Gross receipts from subscribers for second	system by subscribers for the period. For a further explana the paper SA1-2 form. dary transmission service(s)	e system's ation of ho	s secondary tran ow to compute th	ismission serv his amount, se	ice						
	during the accounting period				-	50,549.74 pross receipts)						
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 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 located in the paper \$A1-2 form for more information.											
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS											
	Instructions: As a cable system with gross receipt accounting period is \$52.00	ts of \$137,100 or less, the roya	lty fee tha	t you must pay fo	r this six-month	1						
	Line 1. Royalty fee for accounting period											
	Line 2. Interest charge. Enter the amount from lin	ne 4, space Q, page 8				0.00						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR A	ACCOUNTING PERIOD Add I	ines 1 and	12	· · · <u> </u>							
	BLOCK 2: GROSS REC	EIPTS OF \$263,800 OR LE	SS (but i	more than \$137	',100)							
	1. Base amount under statutory formula		\$	263,800.00	_							
	2. Enter amount of gross receipts from space \ensuremath{K} .		\$	250,549.74	_							
	3. Subtract line 2 from line 1		\$	13,250.26	_							
	4. Enter the amount of gross receipts from space				250,549.74	<u>-</u>						
	5. Enter the amount from line 3				13,250.26	-						
	6. Subtract line 5 from line 4				237,299.48	<u>-</u>						
	7. Multiply line 6 by .005 (enter figure here)					1,186.50						
	8. Interest charge. Enter the amount from line 4,	space Q, page 8			·	0.00						
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCO	OUNTING PERIOD. Add lines	7 and 8		\$	1,186.50						
	BLOCK 3: GROSS RECE	EIPTS OF MORE THAN \$26	3,800 (bı	ut less than \$52	27,600)							
	Enter the amount of gross receipts from space	κ			_							
	2. Base amount under statutory formula		\$	263,800.00	<u> </u>							
	3. Subtract line 2 from line 1				_							
	4. Multiply line 3 by .01			· · <u> </u>		-						
	5. Royalty due on the first \$263,800 of gross rece	eipts (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											
	FILING FEE AN	ID TOTAL REMITTANCE DI	JE									
Filing Fee and	Royalty Fee Payable for Accounting Period (fro	om Block 1, 2, or 3, above)		\$	1,186.50							
Total Remittance Due	2. Filing Fee (See the instructions for more inform				20.00	.						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING P	PERIOD. Add lines 2 and 3			\$	1,206.50						
	Important: Your remittance must be in	the form of an electronic nov	ment nev	able to the Pea	ister of Conve	iahts!						
	See page i of the general		mem pay	_		giita!						

Accounting Period:	2018/1												FOR	M SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF TRUVISTA COMMUNICA		GIA											SYSTEM ID# 37920
M Channels	CHANNELS Instructions: You must giv to its subscribers, and (2) th 1. Enter the total number of system carried television th 2. Enter the total number of on which the cable system and nonbroadcast service	channels on which the croadcast stations activated channels a carried television bro	al numbe he cable	er of ac	tivated ch	annels du	ring the ad	ccounting	g period.	-			14	
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this st			RMATIO	ON IS NE	EDED (Ide	ntify an in	dividual 1	to whom	1				
for Further Information	Name AUTUN	IN CASTLES								Telephor	e 803 -	-581-914	48	
		treet, rural route, apartmen	ent, or suite	te numbe	r)									
	Email	ACASTLES@TRU	UVISTA	A.BIZ				Fax (c	optional))				
OCertification	(Agent of owner of in line 1 of spa	ertify that (Check one, An corporation or partinuother than corporation are B and that the owner) I am an officer (if a cace B. ent of account and here ct to the best of my knows (36)] En En	tnership) on or pariner is not a corporation reby declar toward and the control of the corporation of the co	y one, o b) I am the structure of the corporation or clare under, inform /S/ A electron nature u Allis	f the boxe the owner of tip) I am th oration or I a partner of der penalty nation, and lic signatur sing an "/s con A. J	e duly auth partnership (if a partne y of law that belief, and Jakube e on the lin / signature	e system as norized age of or riship) of the trail statem at are made of the company of the comp	s identifier ent of the elegal er enents of factoring good	owner on the contact contact contact faith.	1 of space of the cable ntified as ow	B; or system			
		Date:							8-14-18					

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counting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
RUVISTA COMMUNICATIONS OF GEORGIA	37920
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?	P Special Statement Concerning Gross Receipts Exclusion
NO NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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 www.copyright.gov/licensing/interest-rate.pdf . 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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