

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
08/23/2018	\$
	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

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2018/1	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
B Owner	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.	
	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.	
	<input type="checkbox"/>	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		39996
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	Giles-Craig Communications, Inc.	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	P.O. Box 190 <small>(Number, street, rural route, apartment, or suite number)</small>	
	Pembroke, VA 24136 <small>(City, town, state, zip)</small>	
C System	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
	1	IDENTIFICATION OF CABLE SYSTEM:
	2	MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip code)</small>

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 filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Giles-Craig Communications, Inc.	SYSTEM ID# 39996
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E Secondary Transmission Service: Subscribers and Rates	<p>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.</p>					
BLOCK 1			BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	787	57.3	Basic	99	18.42	
• Service to first set			Digital Basic	237	15.95	
• Service to additional set(s)			Set Top Box Fee	213	5.00	
• FM radio (if separate rate)			Retransmission Fee	893	16.85	
Motel, hotel			Basic Commercial	5	18.42	
Commercial	2	57.30	DVR	113	10.95	
Converter			Cable Card	-	2.00	
• Residential			Digital Tuner Box	290	4.00	
• Non-residential						

F Services Other Than Secondary Transmissions: Rates	<p>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.</p>					
BLOCK 1			BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential		Inside Wire	25.00	
• Pay cable		• Motel, hotel		Premium Change	15.00	
• Pay cable—add'l channel		• Commercial				
• Fire protection		• Pay cable				
• Burglar protection		• Pay cable—add'l channel				
Installation: Residential		• Fire protection				
• First set	45.00	• Burglar protection				
• Additional set(s)	25.00	Other services:				
• FM radio (if separate rate)		• Reconnect	25.00			
• Converter		• Disconnect				
		• Outlet relocation	25.00			
		• Move to new address	25.00			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Giles-Craig Communications, Inc.			SYSTEM ID# 39996
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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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 <i>not</i> 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
Add Rows as Necessary	WVVA	46	N	BLUEFIELD, WV
	WDBJ	18.3	N	ROANOKE, VA
	MY19	18.4	N-M	ROANOKE, VA
	DECADES	18.5	N-M	ROANOKE, VA
	WSLS-HD	30.3	N	ROANOKE, VA
	WSLS-DT	30.4	N-M	ROANOKE, VA
	ME-TV	30.5	N-M	ROANOKE, VA
	WSET-HD	13.3	N	LYNCHBURG, VA
	Stadium	13.4	N-M	LYNCHBURG, VA
	COMET	13.5	N-M	LYNCHBURG, VA
	TBDTV	13.6	N-M	LYNCHBURG, VA
	WBRA-HD	3.3	E	ROANOKE, VA
	SWVAPTV	3.4	E-M	ROANOKE, VA
	BRKids	3.5	E-M	ROANOKE, VA
	WWCW-HD	20.3	N	LYNCHBURG, VA
	WFXR-HD	20.4	N-M	LYNCHBURG, VA
	LAFF	20.5	N-M	LYNCHBURG, VA
	GRIT	20.6	N-M	LYNCHBURG, VA
	WFFP-TV	24.1	N	DANVILLE, VA
	WFXR-HD	17.3	N	ROANOKE, VA
	WWCW-HD	17.4	N	ROANOKE, VA
	BOUNCE	17.5	N-M	ROANOKE, VA
	ESCAPE	17.6	N-M	ROANOKE, VA
	ION	36.3	N	ROANOKE, VA
qubo	36.4	N-M	ROANOKE, VA	
IONLIFE	36.5	N-M	ROANOKE, VA	
SHOP	36.6	N-M	ROANOKE, VA	

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	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	QVC	36.7	N-M	ROANOKE, VA
	HSN	36.8	N-M	ROANOKE, VA
	WLFB	40	I	BLUEFIELD, WV

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Giles-Craig Communications, Inc.	SYSTEM ID# 39996
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K Gross Receipts	<p>GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (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</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">297,855.38</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	297,855.38	(Amount of gross receipts)	
\$	297,855.38					
(Amount of gross receipts)						
<p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>						

L Copyright Royalty Fee	<p>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 SA1-2 form for more information.</p>
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BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
<p>Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00</p>	
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 \$137,100)	
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 \$527,600)	
1. Enter the amount of gross receipts from space K	\$ 297,855.38
2. Base amount under statutory formula	\$ 263,800.00
3. Subtract line 2 from line 1	\$ 34,055.38
4. Multiply line 3 by .01	\$ 340.55
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	\$ 1,659.55

FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance Due	<p>1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 1,659.55</p> <p>2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 20.00</p> <p>3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: right;">\$</td><td style="text-align: right;">1,679.55</td></tr></table></p>	\$	1,679.55
\$	1,679.55		
<p>Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights! See page i of the general instructions in the paper SA1-2 form for more information.</p>			

Pay Royalty Fees

This system enables registered users to submit payments via the Automated Clearing House (ACH) network for any of the following:

- Statutory license for secondary transmissions by cable systems (17 U.S.C. Section 111) - Cable
- Statutory license for secondary transmissions by satellite carriers for private home viewing (17 U.S.C. Section 119) - Satellite, and
- Statutory obligation for distribution of digital audio tape recorders and media (17 U.S.C. Chapter 10) - DART

Please make sure that your account will allow debit via ACH before attempting to pay by Internet.

Select Fee Type:

<input type="radio"/> Satellite
<input checked="" type="radio"/> Cable
<input type="radio"/> DART

NOTE: Settlement of the ACH must occur by the appropriate filing deadline. Payments received after filing deadlines are subject to an interest assessment.

Continue

REMITTER (COMPANY)

Pay Royalty Fees for Satellite

Name : _____
 Address : _____
 City : _____ State / Country: Postal Code : _____
 Contact First Name : _____ Phone : _____
 Contact Middle Name : _____ FAX : _____
 Contact Last Name : _____ Email : _____

**The Satellite ID # is a unique number assigned by the Licensing Division.
 To request a new ID number, contact the Licensing Division at 202-707-8150.**

	YEAR	PERIOD	ID NUMBER	FILING FEE	ROYALTY FEE	TOTAL FEES
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
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21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

Filing Fee Total: **Total Payment Amount :**

Royalty Fee Total:

Privacy Act Notice: Sections 111 and 119 of title 17, United States Code, authorize the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your payment. PII is any personal information that can be used to identify or contact an individual, such as names, addresses, and telephone numbers. The Copyright Office collects this PII in order to allocate payment by electronic funds transfer (EFT). By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes being available for public inspection and being included in search reports prepared for the public. The effects of not providing the PII requested are that it may delay the allocation of your payment and its placement in the completed record of statement account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

REMITTER (COMPANY)

Pay Royalty Fees for DART

Name : _____
 Address : _____
 City : _____ State / Country: Postal Code : _____
 Contact First Name : _____ Phone : _____
 Contact Middle Name : _____ FAX : _____
 Contact Last Name : _____ Email : _____

**The DART ID # is a unique number assigned by the Licensing Division.
 To request a new ID number, contact the Licensing Division at 202-707-8150.**

	DART Identification Number	Fiscal Year (mm/dd/yyyy)		Filing Period (mm/dd/yyyy)		Amount
		Start	End	Start	End	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
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21						
22						
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24						
25						
26						
27						
28						
29						
30						

Total Payment Amount :

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Pay Royalty Fees for Cable

YEAR	PERIOD	ID NUMBER	First Community Served (City, State)	FILING FEE	ROYALTY FEE	TOTAL FEES
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
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54						
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56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						

Filing Fee Total:
Royalty Fee Total:

Sub-Total:
Total Payment Amount:

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