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						
08/13/2018	\$ 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

Accounting Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions) Barcode Data Filing Period (optional - see instructions) 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. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. ELEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Darien Communications, Inc BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM Darien, G.A. 31305. Total Communications, Inc ROSTRUCTIONS: 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. DENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM:	_	1	
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Accounting Period Barcode Data Filing Period (optional - see instructions)			
Accounting Period Barcode Data Filing Period (optional - see instructions)			
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MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)	System	4	IDENTIFICATION OF CABLE SYSTEM:
2 (Number, street, rural route, apartment, or suite number)		1	
			MAILING ADDRESS OF CABLE SYSTEM:
(City, town, state, zip code)		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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period		FORM SA1-2E. PAGE 1b.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	Darien Communications, Inc					
	Instructions: List each separate community served by the cable system. A					
D	"a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o	that you list will serve as a form of system identification hereafter known filings.				
Area	identified city.					
Served	definited city.					
	CITY OR TOWN	STATE				
First	Darien	GA				
Community	McIntosh	GA				
	Townsend	GA				
Add Rows as Necessary						

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Darien Communications, Inc

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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				
04750000 05 0500 405	NO. OF	DATE	CATEGORY OF OFFICE	NO. OF	DATE		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	2,150	30.19	Expanded	1,907	51.00		
Service to additional set(s)							
 FM radio (if separate rate) 			Digital	592	18.95		
Motel, hotel							
Commercial			HD	366	15.95		
Converter							
Residential	358	4.95					
Non-residential							

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		
 Pay cable—add'l channel 		Commercial		
Fire protection		Pay cable		
 Burglar protection 		 Pay cable-add'l channel 		
Installation: Residential		Fire protection		
First set	70.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	35.00	
Converter	4.95	Disconnect		
		Outlet relocation	32.00	
		Move to new address	70.00	

	2018/1			FORM SA1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF			SYSTEM ID 6201					
	Darien Communications, Inc								
	PRIMARY TRANSMITTERS:	TELEVISION							
G	•	entify every television station (including m during the accounting period, <i>excep</i>	·	•					
J		in effect on June 24, 1981, permitting t							
Primary	76.59(d)(2) and (4), 76.61(d	e)(2) and (4), or 76.63 (referring to 76.6							
nsmitters: elevision		s explained in the next paragraph. : With respect to any distant stations c	arried by your cable system on a sub	estitute program					
	basis under specific FCC ru	ules, regulations, or authorizations:							
	 Do not list the station here station was carried only on 	e in space G—but do list it in space I (t a substitute basis	he Special Statement and Program L	_og)—if the					
	• List the station here, and	also in space I, if the station was carrie							
		on concerning substitute basis stations in concerning substitute basis stations in concerning station in concerning stations in concerning substitute basis stations.							
		d with a station according to its over-the							
	"WETA-2" as the same on	the form.							
		el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	evision station for broadcasting over t	ine all in its community					
	Column 3: Indicate in each	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 instri	•	ภาลเ เทนแบลรเ <i>)</i> .					
		n of each station. For U.S. stations, lis							
	FCC. For Mexican or Cana	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					
s as Necessary	WASV			Savannah, GA					
•				Javaillali, GA					
				Javaillaii, GA					
	WVAN			Savannah, GA					
	WVAN								
				Savannah, GA					
	WVAN WGSA								
	WGSA			Savannah, GA Savannah, GA					
				Savannah, GA					
	WGSA			Savannah, GA Savannah, GA					
	WGSA			Savannah, GA Savannah, GA					
	WGSA			Savannah, GA Savannah, GA Savannah, GA					
	WGSA			Savannah, GA Savannah, GA Savannah, GA Savannah, GA					
	WGSA WJCL WTOC			Savannah, GA Savannah, GA Savannah, GA					
	WGSA WJCL WTOC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA					
	WGSA WJCL WTOC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA					
	WGSA WJCL WTOC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA					
	WGSA WJCL WTOC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA					
	WGSA WJCL WTOC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA					
	WGSA WJCL WTOC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA					
	WGSA WJCL WTOC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA					
	WGSA WJCL WTOC			Savannah, GA Savannah, GA Savannah, GA Savannah, GA Brunswick, GA					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

62016

Darien Communications, Inc

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
						 	
						ļ	
						ļ 	
						l	
					 	 	
					 		
							

ccounting Perio	od: 2018/1						FORI	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Ivallie	Darien Communicatio	ns, Inc						62016
Name Substitute Carriage: Special Statement and Program Log	Darien Communications, Inc SYSTEM ID# Darien Communications, Inc 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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the 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 station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licentified). Column 6: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7							
	stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting period was substituted for programming that your system was permitted to delete undeffect on October 19, 1976.					etter "P" i	f the listed pr	
		LIDOTITLIT			WHEN SUBSTITUTE CAPPIAGE OCCUPPED 7 REASON			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	FUTE PROGRAM E? 3. STATION'S		CARRIAGE OCCURRED 5. MONTH 6. TIMES			DELETION
	1. THEE OF TROOKAW	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO	
		 					<u> </u>	"=======
								"
								"
								

Accounting Period:	2018/1				SA1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Darien Communications, Inc				62016			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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 receipt	em's seco	ondary transmi compute this a	ssion service mount, see				
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 SA1-2 form for more information.							
	BLOCK 1: GROSS RECEIPTS OF \$137,100	0 OR LE	ESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	e that you	u must pay for t	nis 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	1 and 2 .						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b	but more	e than \$137,10	00)	-			
	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	18						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	0 (but le	ss than \$527,6	600)				
	Enter the amount of gross receipts from space K		352,860.00					
	2. Base amount under statutory formula		263,800.00					
	3. Subtract line 2 from line 1		89,060.00					
	4. Multiply line 3 by .01			890.60				
	•	_						
	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, a	and 6	· · · · · · · ·	\$	2,209.60			
	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)	· · · · · -	\$	2,209.60				
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			\$	2,229.60			
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for		-		ghts!			

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Darien Communications					SYSTEM ID# 62016
M Channels	1	` '		n which the cable system carried television broadcas of activated channels during the accounting period.	t stations	
Channels	Enter the total number of system carried television l				7	
	Enter the total number of on which the cable systen and nonbroadcast service	n carried television	broadcast st	ations	27	4
N Individual to	INDIVIDUAL TO BE CONT we can contact about this s			IATION IS NEEDED (Identify an individual to whom		
for Further Information	Name Ken Jo	hnson		1	Felephone 912-437-6615	
	(Number, s	lorth Way treet, rural route, apart , GA 31305 , state, zip)	ment, or suite n	umber)		
	Email	Ken.Johnson@	dtctel.com	Fax (optional)		
	CERTIFICATION (This state	ment of account m	ust be certifie	ed and signed in accordance with Copyright Office re	gulations)	
O Certification	• I, the undersigned, hereby	certify that (Check of	one, <i>but only c</i>	one, of the boxes.)		
	(Owner other tha	an corporation or p	oartnership)	am the owner of the cable system as identified in line	1 of space B; or	
				nership) I am the duly authorized agent of the owner or corporation or partnership; or	f the cable system as identified	
	X (Officer or partn in line 1 of spa		(if a corporation	on) or a partner (if a partnership) of the legal entity iden	ntified as owner of the cable system	m
		ect to the best of my	-	re under penalty of law that all statements of fact containformation, and belief, and are made in good faith.	ained herein	
			X "	/s/ Mary Lou Forsyth		
				ctronic signature on the line above to certify this statement ure using an "/s/ signature" (e.g., /s/ John Smith)	nt.	
		Typed or printed	d name: 🔝	Mary Lou Forsyth		
		Title:	Presider official position h	1t eld in corporation or partnership)		
		Date:		August 10, 20 ⁻	18	

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 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ien Communications, Inc	62016
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 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	
x days	
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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