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					
8/27/2018	\$ 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
		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
		BellSouth Telecommunications, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1010 N. St. Mary's Street, Room 13-59-B (Number, street, rural route, apartment, or suite number)
		San Antonio, TX 78215-2109 (City, town, state, zip)
С	INSTR	EUCTIONS: 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 Office to collect the personally identifying information (P 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 suffciency of the fling, a determination that would be made by a court of law.

D BellS Instruc "a sepa discret as the	NAME OF OWNER OF CABLE SYSTEM: Outh Telecommunications, LLC ions: List each separate community served by the cable system. A "community are and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that of the first community. Please use it as the first community on all future filing intities and properties such as hotels, apartments, condominiums, or most dity. CITY OR TOWN Gainesville Alachua Unincorporated County Newberry Newberry	ted communities within unincorporated areas and including singl you list will serve as a form of system identification hereafter kn igs.
D Instruct "a separation discrett as the last th	ions: List each separate community served by the cable system. A "comrate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that first community." Please use it as the first community on all future filing nitities and properties such as hotels, apartments, condominiums, or most city. CITY OR TOWN Gainesville Alachua Unincorporated County	nmunity" is the same as a "community unit" as defined in FCC rul ted communities within unincorporated areas and including singl you list will serve as a form of system identification hereafter kn ags. obile home parks should be reported in parentheses below the STATE FL FL
Area Served "a sepa discret as the 'Note: E identifi	rate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that if irst community." Please use it as the first community on all future filing ntities and properties such as hotels, apartments, condominiums, or most city. CITY OR TOWN Gainesville Alachua Unincorporated County	ted communities within unincorporated areas and including singl you list will serve as a form of system identification hereafter kn igs. obile home parks should be reported in parentheses below the STATE FL FL
Served identifi	city. CITY OR TOWN Gainesville Alachua Unincorporated County	STATE FL FL
Served identifi	CITY OR TOWN Gainesville Alachua Unincorporated County	FL FL
Community	Gainesville Alachua Unincorporated County	FL FL
Community	Alachua Unincorporated County	FL
	Alachua Unincorporated County Newberry	
d Rows as Necessary	Newberry	FL
d Rows as Necessary		
•••••••••••••		

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63595

BellSouth Telecommunications, LLC

Ε

Secondary Transmission

Service: Sub-

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 informatior 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 ir 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 residentia 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.

BLO	OCK 1		(2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	COBCONIBLINO	TOTIL	CATEGORY OF CERVICE	OODOOTTIDETTO	TOTIL
Service to first set	705	\$19	HD Tech Fee	627	\$10.00
Service to additional set(s)			Set-Top Box	708	\$0-\$15
					\$4.99-
• FM radio (if separate rate)			Broadcast TV Surcharge	705	\$5.99
Motel, hotel					
Commercial	3	\$20.00			
Converter					
Residential					
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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$5-\$199	• Motel, hotel		Video on Demand	\$0- \$100
Pay cable—add'l channel		Commercial		Service Activation Fe	\$0 \$35
Fire protection		• Pay cable		Credit Management F	\$0 \$449
 Burglar protection 		Pay cable-add'l channel		Dispatch on Demand\$	
Installation: Residential		Fire protection		Wireless Receiver	\$10 \$49
 First set 	\$0-\$199	Burglar protection		HD Premium Tier	\$7
 Additional set(s) 		Other services:		DVR Upgrade Fee	\$50
 FM radio (if separate rate) 		Reconnect	\$0-\$35	Vacation Hold	7.00
Converter		Disconnect			
		Outlet relocation	\$0-\$55		
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63595

BellSouth Telecommunications, 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
WCJB/WCJBHD	20/1020	N	Gainesville, FL
WCJBD2/WCJBH2	20/1020	<u> </u>	Gainesville, FL
WGFL/WGFLHD	28/1028	N	High Springs, FL
WGFLD2/WGFLH2	28/1028	<u> </u>	High Springs, FL
WNBW/WNBWHD	9/1009	N	Gainesville, FL
WOGX/WOGXHD	51/1051	<u> </u>	Ocala, FL
WUFT/WUFTHD	5/1005	E	Gainesville, FL
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

BellSouth Telecommunications, LLC

63595

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).

			<u> </u>				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
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od: 2018/1						FOR	M SA1-2E. PAGE 5.	
							SYSTEM ID# 63595	
In General: In space I, identi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant state	fy every nor counting peng that muse CONCER od, did your ion?	nnetwork televis eriod, under spe t be included in NING SUBST r cable system	sion program, broadcast lecific present and former lethis log, see page (v) of CITUTE CARRIAGE carry, on a substitute base	by a distant sta FCC rules, reg the general ins asis, any nonn	ulations, or a tructions in t	nuthorizations. he paper SA1 rision progran YES	For a further -2 form.	
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 call sign of the station broadcasting the substitute program. Column 4: 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 identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DESCRIPTION OF THE PROGRAM CONTROL OF THE PROGRAM CONT								
	SUBSTITUTE CARRIAGE In General: In space I, identification of the programmi 1. SPECIAL STATEMENT • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a funder certain FCC rules, region ont use general categori "NBA Basketball: 76ers vs. In Column 2: If the program Column 3: Give the call is Column 4: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00—6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	BellSouth Telecommunications. SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting peexplanation of the programming that must 1. SPECIAL STATEMENT CONCER. • During the accounting period, did your broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please a Column 1: Give the title of every not period, was broadcast by a distant stati under certain FCC rules, regulations, on Do not use general categories like "more "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcound 3: Give the call sign of the secolumn 4: Give the broadcast station the case of Mexican or Canadian station Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that y effect on October 19, 1976.	BellSouth Telecommunications, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMEI In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this paging in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televit period, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcat Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systifiest. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto to the nearest five minutes. Example: a program carriestated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect duwas substituted for programming that your system was effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	BellSouth Telecommunications, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L In General: In space I, identify every nonnetwork television program, broadcast is substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitut period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progr. "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program was substituted to delete undeffect on October 19, 1976.	BellSouth Telecommunications, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stabstitute basis during the accounting period, under specific present and former FCC rules, regiexplanation of the programming that must be included in this log, see page (v) of the general ins 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonn broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you make in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. 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Example: a program carried by a system from 6:01:15 p.m. to 6: stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	BellSouth Telecommunications, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in total station of the programming that must be included in this log, see page (v) of the general instructions in total station of the programming that must be included in this log, see page (v) of the general instructions in total station of the programming that the program of the program of a substitute basis, any nonnetwork televioradcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must comple log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the 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 period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I L NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the broadcast station's location (the community with which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 6: State the times when the substitute program was carried by your cable system. List the tin to the nearest five minutes. Example: a program carried by a system from 6:01:	BellSouth Telecommunications, LLC 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 syste substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1 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 prograt 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 substitute for the programming of another sta under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information Don tot use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "INBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." 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ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:					SYSTEM II
Name	BellSouth Telecommunications,	LLC				6359
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this all amounts (gross receipts) paid to your (as identified in space E) during the accepage (vii) of the general instructions loca Gross receipts from subscribers for during the accounting period	r cable system by subso ounting period. For a ful ated in the paper SA1-2 secondary transmission	ribers for the sys ther explanation form. n service(s)	stem's seconda of how to com	ary transmission s pute this amount,	ervice
	IMPORTANT: You must complete a sta				*	of gross receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee y Complete block 1, block 2, or block 3. Use block 1 if the amount of gross recei Use block 2 if the amount of gross recei Use block 3 if the amount of gross recei See page (vi) of the general instructions local	pts in space K is \$137,1 pts in space K is more t pts in space K is more t	han \$137,100 bu han \$263,800 bu	it less than \$52		
	BLO	CK 1: GROSS RECEI	PTS OF \$137,10	00 OR LESS		
	Instructions: As a cable system with gross accounting period is \$52.00	receipts of \$137,100 or I	ess, the royalty fe	e that you must	t pay for this six-mo	onth
	Line 1. Royalty fee for accounting period .					
	Line 2. Interest charge. Enter the amount					0.00
	Line 2. Interest charge. Effer the amount	110111 IIIIC 4, 3pace Q, pa	JO O			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE					
	BLOCK 2: GROS Base amount under statutory formula	S RECEIPTS OF \$263	•	,	· / /	
	Enter amount of gross receipts from spa				00.00 75.37	
	3. Subtract line 2 from line 1				24.63	
	Enter the amount of gross receipts from					37
	5. Enter the amount from line 3			-		
	6. Subtract line 5 from line 4					74
	7. Multiply line 6 by .005 (enter figure here	:)			\$	1,119.75
	8. Interest charge. Enter the amount from	line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FO	R ACCOUNTING PERIO	D. Add lines 7 and	d 8	\$	1,119.75
	BLOCK 3: GROSS	RECEIPTS OF MORE	THAN \$263,80	00 (but less tha	an \$527,600)	
	Enter the amount of gross receipts from	space K	<u> </u>			
	Base amount under statutory formula		\$	263,8	00.00	
	3. Subtract line 2 from line 1		· · · · · · · · · · · · · · · · · · ·			
	4. Multiply line 3 by .01			· · · · · · · · <u> </u>		
	5. Royalty due on the first \$263,800 of gro	ss receipts (under statuto	ory formula)	<u>\$</u>	1,319.0	00_
	6. Interest charge. Enter the amount from	line 4, space Q, page 8			0.0	00_
	7. TOTAL ROYALTY FEE PAYABLE FO	R ACCOUNTING PERIO	D. Add lines 4, 5,	and 6		
	FILING F	EE AND TOTAL REMI	TTANCE DUE			
Fillian For						
Filing Fee and Total Remittance Due	Royalty Fee Payable for Accounting Pe	riod (from Block 1, 2, or 3	s, above)	<u>\$</u>	1,119.7	75_
Due	2. Filing Fee (See the instructions for more	e information on filing fee	calculations)	<u>\$</u>	20.0	00_
	3. TOTAL AMOUNT DUE FOR ACCOUN	TING PERIOD. Add line	es 2 and 3		. \$	1,139.75
	Important: Your remittance mus					oyrights!
	See page i of the g	eneral instructions in the	ne paper SA1-2 f	orm for more i	ntormation.	

: 2018/1			FORM SA1-2E. PAGE 7
			SYSTEM ID# 63595
to its subscribers, 1. Enter the total is system carried to the total is on which the call	and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ble system carried television b	al number of activated channels during the accounting period. the cable coadcast stations	14 603
Name	Diane Bellinger		Telephone 210-351-4805
	(Number, street, rural route, apartm San Antonio, TX 7821	ent, or suite number)	
Email		Fax (optional)	210-246-8199
I, the undersigned (Owner (Agent in lin X (Office in lin I have examined are true, complete,	other than corporation or particle of owner other than corporation or particle 1 of space B and that the owner or partner) I am an officer (if the 1 of space B. It the statement of account and he and correct to the best of my ke in 1001(1986)] Typed or printed Title:	thership) I am the owner of the cable system as identified in line 1 on or partnership) I am the duly authorized agent of the owner of the is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal entity identified by declare under penalty of law that all statements of fact contain nowledge, information, and belief, and are made in good faith. X /s/ Mike McGuire Inter an electronic signature on the line above to certify this statement inter signature using an "/s/ signature" (e.g., /s/ John Smith) Assistant Vice President — Billing Operations	I of space B; or the cable system as identified ified as owner of the cable system ned herein
	LEGAL NAME OF O'BellSouth Telect CHANNELS Instructions: You to its subscribers, 1. Enter the total is system carried to the call and nonbroadca INDIVIDUAL TO we can contact at the call and nonbroadca INDIVIDUAL TO we can contact at the call and nonbroadca CERTIFICATION (**) I, the undersigned (**) (Owner (**) (Agent is lin	LEGAL NAME OF OWNER OF CABLE SYSTEM: BellSouth Telecommunications, LLC CHANNELS Instructions: You must give (1) the number of of to its subscribers, and (2) the cable system's total 1. Enter the total number of channels on which the system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broad and nonbroadcast services	LEGAL NAME OF OWNER OF CABLE SYSTEM: BellSouth Telecommunications, LLC CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Diane Bellinger 1010 N. St. Mary's Street, Room 13-59-B [Number, street, runt route, apartment, or suite number) San Antonio, TX 78215 (Ciby, town, state, ap) Email dg7796@att.com Fax (optional) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office re 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the dwily authorized agent of the owner of in line 1 of space B and that the owner is not a corporation or partnership, or X (Officer or partnersh) am an officer (if a corporation) or a partner (if a partnership) of the legal entity ident in line 1 of space B. 1. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. Typed or printed name: Mike McGuire Enter an electronic signature on the line above to certify this statement for the country of the country of the departnership. Assistant Vice President — Billing Operations (Tile of official position held in corporation or partnership).

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

ounting Period: 2018/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
IlSouth Telecommunications, LLC	63595
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."	P 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 Name 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
x	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
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	_
(interest charge)	
* 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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