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				
08/28/2018	\$ 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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20181 Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Google Fiber Georgia, LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		· · · · · · · · · · · · · · · · · · ·
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1600 Amphitheatre Parkway (Number, street, rural route, apartment, or suite number)
		Mountain View, CA 94043
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in

search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL MANE OF CHANED OF CASE STORES.	FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Google Fiber Georgia, LLC	636
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	
D	"a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Duluth, GA	GA
Community	Atlanta	GA
	Dunwoody	GA
dd Rows as Necessary ""	Peachtree Corners	GA
	Marietta	GA
	Roswell	GA
	Sandy Springs	GA
	Clayton County	GA
	Cobb County	GA
	Dekalb County	GA
	Douglas County	GA
		GA GA
	Fulton County	······
	Gwinnett County	GA

Accounting Period: 2018/1 FORM SA1-2F PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63657

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Google Fiber Georgia, LLC

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLG	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
Service to first set	2,155	\$25/mo			
 Service to additional set(s) 					
FM radio (if separate rate)					
Motel, hotel					
Commercial					
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.

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

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63657

Google Fiber Georgia, LLC

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAGADT	27	N	Atlanta, GA
WAGADT2	27.2	N-M	Atlanta, GA
WAGADT3	27.3	N-M	Atlanta, GA
WATCDT	41	l	Atlanta, GA
WATCDT2	41.1	I-M	Atlanta, GA
WATLDT	25	l	Atlanta, GA
WATLDT2	25.2	I-M	Atlanta, GA
WATLDT3	25.3	I-M	Atlanta, GA
WGCLDT	19	N	Atlanta, GA
WGCLDT2	19.2	N-M	Atlanta, GA
WGCLDT3	19.3	N-M	Atlanta, GA
WGTVDT	8	E	Athens, GA
WHSGDT	44	l	Monroe, GA
WKTBCD2	47	N	Norcross, GA
WKTBCD3	47.2	N-M	Norcross, GA
WKTBCD4	47.3	N-M	Norcross, GA
WKTBCD5	47.4	N-M	Norcross, GA
WPBADT	21	E	Atlanta, GA
WPCHDT	20	l	Atlanta, GA
WPXADT	31	l	Rome, GA
WPXADT2	31.2	I-M	Rome, GA
WPXADT3	31.3	I-M	Rome, GA
WSBDT	14	N	Rome, GA
WSBDT2	14.2	N-M	Rome, GA
WSBDT3	14.3	N-M	Rome, GA

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63657

Google Fiber Georgia, LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Google Fiber Georgia, LLC

63657

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							
							
	 						
	 						
	 						
							
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Accounting Perio							FOF	RM SA1-2E. PAGE 5.			
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#			
	Google Fiber Georgia,	LLC						63657			
Substitute	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm	ify every non accounting pening that mus	nnetwork televis eriod, under spe st be included in	sion program, broadcast by ecific present and former FC this log, see page (v) of th	a <i>distant</i> stati CC rules, regula	ations, or a	uthorizations	s. For a further			
Carriage: Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and											
Program Log	broadcast by a distant sta	ition?					YES	× NO			
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	st complet	e the progra	am			
	log in block 2.										
	2. LOG OF SUBSTITUTI			to line. I lee abbeeriations		-: - - :£4					
	In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re	oce, please a of every no distant stat	add additional r nnetwork televi ion and that yo	rows to the tables. ision program ("substitute ur cable system substitute	program") that d for the prog	t, during th	e accounting	g ation			
	Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr	ies like "mo Bulls." n was broad	vies" or "baske dcast live, ente	etball." List specific program r "Yes." Otherwise enter "I	n titles, for exa						
		0		asting the substitute progra ne community to which the		nsed by th	e FCC or, in				
	the case of Mexican or Car	nadian static	ons, if any, the	community with which the	station is iden	tified).					
			when your sys	tem carried the substitute	program. Use	numerals,	with the mo	onth			
	first. Example: for May 7 gir Column 6: State the tim		substitute pro	gram was carried by your	cable system.	List the tir	nes accurate	elv			
	to the nearest five minutes.							- ,			
	stated as "6:00-6:30 p.m."	"D" : £ 41	Estad and and				· · · · · · · · · · · · · · · · · · ·				
Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required											
	to delete under ECC rules a										
	to delete under FCC rules a was substituted for program	and regulation	ons in effect du	iring the accounting period	l; enter the lett	er "P" if th	e listed prog				
		and regulation	ons in effect du	iring the accounting period	l; enter the lett	er "P" if th	e listed prog				
	was substituted for progran effect on October 19, 1976.	and regulation nming that y	ons in effect du	rring the accounting period is permitted to delete unde	l; enter the letter FCC rules a	er "P" if th	e listed prog ons in	7. REASON FOR			
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	was substituted for progran effect on October 19, 1976.	and regulation in the second regulation in the second regularization in the second regularization in the second regularization in the second regularization in the second regulation in the second regularization in the second regularization in the second regularization in the second regulation regu	ons in effect du your system wa FE PROGRAM 3. STATION'S	rring the accounting periods permitted to delete under	t; enter the letter FCC rules a WHE CARRI 5. MONTH	er "P" if th nd regulati N SUBST AGE OCC	e listed progons in TITUTE CURRED TIMES	7. REASON FOR			
	was substituted for progran effect on October 19, 1976.	and regulation in the second regulation in the second regularization in the second regularization in the second regularization in the second regularization in the second regulation in the second regularization in the second regularization in the second regularization in the second regulation regu	ons in effect du your system wa FE PROGRAM 3. STATION'S	rring the accounting periods permitted to delete under	t; enter the letter FCC rules a WHE CARRI 5. MONTH	er "P" if th nd regulati N SUBST AGE OCC	e listed progons in TITUTE CURRED TIMES	7. REASON FOR			

Accounting Period:	2018/1			FORM:	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			•	SYSTEM ID#
1141110	Google Fiber Georgia, LLC				63657
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanati page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	system's se on of how to	condary transmi o compute this a	ission service amount, see \$323,	•
	COPYRIGHT ROYALTY FEE				<u> </u>
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more 	but less tha	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	u must pay for thi	s six-montl	
	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 lin	es 1 and 2 .			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	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)		<u> </u>		
	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 \$26	3,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	323,250.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	59,450.00		
	4. Multiply line 3 by .01		\$	594.50	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6	· · · · · · · · · · · · · · · · · · ·	\$	1,913.50
	FILING FEE AND TOTAL REMITTANCE DU	JE_			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,913.50	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \dots			\$	1,933.50
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ıhts!

LEGAL NAME OF OWNER	D OF CARLE CYCTEM:					
Google Fiber Georg						SYSTEM ID# 63657
to its subscribers, and 1. Enter the total numb system carried televis 2. Enter the total numb on which the cable sy	(2) the cable system's to per of channels on which sion broadcast stations. per of activated channels system carried television	otal numb the cable s broadcas	per of activated channels during the stations	ng the ac	counting period.	34
			RMATION IS NEEDED (Ident	tify an inc	dividual to whom	
Address (Num	00 Amphitheatre Pober, street, rural route, apartru	Parkway	y		Telephone	(650) 253-0000
(City,		ince@go	ogle.com		Fax (optional)	
• I, the undersigned, here (Owner othe (Agent of own in line 1 of the	reby certify that (Check on rethan corporation or pa vner other than corporat of space B and that the over partner) I am an officer (if of space B.	artnership tion or pa wner is no f a corpora	p) I am the owner of the cable sartnership) I am the duly autho ot a corporation or partnership; ation) or a partner (if a partnership) clare under penalty of law that a	system as prized age or ship) of the	identified in line 1 of space E nt of the owner of the cable s e legal entity identified as owr ents of fact contained herein	ystem as identified
	Title:	Enter sign I name: Manaç	Fleur Knowsley ger - Google Fiber Geo	orgia, L	lohn Smith)	
	CHANNELS Instructions: You mu to its subscribers, and 1. Enter the total number system carried televis 2. Enter the total number on which the cable system can contact about the can contact about t	CHANNELS Instructions: You must give (1) the number of to its subscribers, and (2) the cable system's to its system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television and nonbroadcast services	CHANNELS Instructions: You must give (1) the number of channe to its subscribers, and (2) the cable system's total number of its subscribers, and (2) the cable system's total number of channels on which the cable system carried television broadcast stations	CHANNELS Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels during 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 (Iden we can contact about this statement of account.) Name XIXI Tian 1600 Amphitheatre Parkway Address (Number, street, rural route, apartment, or suite number) Mountain View, CA 94043 (City, town, state, zip) Email access-compliance@google.com CERTIFICATION (This statement of account must be certified and signed in accordant to the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable. (Agent of owner other than corporation or partnership) I am the duly author in line 1 of space B and that the owner is not a corporation or partnership; X (Officer or partner) I am an officer (if a corporation) or a partner (if a partners in line 1 of space B and that the owner is not a corporation or partnership; I must be capted the statement of account and hereby declare under penalty of law that are true, complete, and correct to the best of my knowledge, information, and belief, and [18 U.S.C., Section 1001(1986)] X /S/ Fleur Knowsley Enter an electronic signature on the line Enter signature using an "/s/ signature" Typed or printed name: Fleur Knowsley Title: Manager - Google Fiber Ge (Title of official position held in corporation or partnership)	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried te to its subscribers, and (2) the cable system's total number of activated channels during the act 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 carried television broadcast stations and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual carried television broadcast stations and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual carried television broadcast stations and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual carried television broadcast stations and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual carried television broadcast stations and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual carried television broadcast stations and nonbroadcast stations and nonbroadcast services INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual carried television broadcast stations and nonbroadcast stations and nonbroadcas	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 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 and 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 XIXI Tian 1600 Amphitheatre Parkway Address (Number, street, noral rows, sperment, or suite number) Mountain View, CA 94043 (Chy, town, street, noral rows, sperment, or suite number) Mountain View, CA 94043 (Chy, town, street, noral rows, sperment, or suite number) (Certification (This statement of account must be certified and signed in accordance with Copyright Office regulations) - 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner phip; or the line above to certify this statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. X /S/ Fleur Knowsley Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ iohn Smith) Typed or printed name: Fleur Knowsley

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

Accounting Period: 2018/1	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Google Fiber Georgia, LLC	63657
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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? X NO	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	
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	

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 th 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.