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	ACCO	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 California, LLC							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	1	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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system used leading address of the system, if different from the address given in the system, if different from the address given in the system.							
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

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Google Fiber California, LLC	636
	Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	t you list will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future fili	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	obile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Irvine	California
Community	Newport Beach	California
Rows as Necessary		
	h	

Accounting Period: 2018/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Google Fiber California, LLC

63690

Ε

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
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
 Service to first set 	376	\$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	RATE CATEGORY OF SERVICE			
Continuing Services:		Installation: Non-residential					
 Pay cable 		Motel, hotel		Video on demand	PF		
 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#

Google Fiber California, 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KABCDT	7	N	LOS ANGELES, CA
KABCDT2	7.2	N-M	LOS ANGELES, CA
KABCDT3	7.3	N-M	LOS ANGELES, CA
KAZADT	47	<u> </u>	LOS ANGELES, CA
KBEHDT	24	l	LOS ANGELES, CA
KCALDT	9	N	LOS ANGELES, CA
KCBSDT	31	N	LOS ANGELES, CA
KCBSDT2	31.2	N-M	LOS ANGELES, CA
KCETDT	28	E	LOS ANGELES, CA
KCOPDT	13	N	LOS ANGELES, CA
KCOPDT2	13.2	N-M	LOS ANGELES, CA
KCOPDT3	13.3	N-M	LOS ANGELES, CA
KCOPDT4	13.4	N-M	LOS ANGELES, CA
KDOCDT	12	<u> </u>	LOS ANGELES, CA
KFTRDT	29	N	LOS ANGELES, CA
KFTRDT2	29.2	N-M	LOS ANGELES, CA
KFTRDT3	29.3	N-M	LOS ANGELES, CA
KFTRDT4	29.4	N-M	LOS ANGELES, CA
KILMDT	44	l	LOS ANGELES, CA
KJLADT	49	l	LOS ANGELES, CA
KLCSDT	41	Е	LOS ANGELES, CA
KLCSDT2	41.2	E-M	LOS ANGELES, CA
KLCSDT3	41.3	E-M	LOS ANGELES, CA
KMEXDT	34	N	LOS ANGELES, CA
KMEXDT3	34.3	N-M	LOS ANGELES, CA
KMEXDT4	34.4	N-M	LOS ANGELES, CA

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**SYSTEM ID#

Google Fiber California, 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
KNBCDT	36	N	LOS ANGELES, CA
KNBCDT2	36.2	N-M	LOS ANGELES, CA
KOCEDT	48	E	LOS ANGELES, CA
KOCEDT2	48.2	E-M	LOS ANGELES, CA
KOCEDT4	48.4	E-M	LOS ANGELES, CA
KPXNDT	24	<u> </u>	LOS ANGELES, CA
KPXNDT2	24.2	I-M	LOS ANGELES, CA
KPXNDT3	24.3	I-M	LOS ANGELES, CA
KRCADT	7	N	LOS ANGELES, CA
KSCIDT	18	<u>l</u>	LOS ANGELES, CA
KSCIDT2	18.2	I-M	LOS ANGELES, CA
KSCIDT9	18.9	I-M	LOS ANGELES, CA
KTBNDT	33	<u> </u>	LOS ANGELES, CA
KTLADT	31	N	LOS ANGELES, CA
KTLADT2	31.2	N-M	LOS ANGELES, CA
KTLADT3	31.3	N-M	LOS ANGELES, CA
KTTVDT	11	N	LOS ANGELES, CA
KVEADT	25	N	LOS ANGELES, CA
KVEADT2	25.2	N-M	LOS ANGELES, CA
KVMDDT	23	<u>l</u>	LOS ANGELES, CA
KWHYDT	4	<u> </u>	LOS ANGELES, CA
KXLADT	30	<u> </u>	LOS ANGELES, CA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Google Fiber California, LLC

63690

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

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

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

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

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
							
							
	 						
	 						
							
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Accounting Perio	d· 2019/1							EODI	M SA1-2E. PAGE 5.	
Accounting Ferio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					1 010	SYSTEM ID#	
Name	Google Fiber Californi	a, LLC							63690	
Substitute Carriage: Special Statement and Program Log	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 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 effect on October 19, 1976.									
	_	UBSTITUT	E PROGRAM	I	1 1	RRIAC	SUBSTITI GE OCCUI 6. TIN	RRED	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION			FROM —			

Accounting Period:	2018/1	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Google Fiber California, LLC	S	4STEM ID# 63690
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form.	nission service	
	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.	\$56,4 0 (Amount of gro	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ 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.	5263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-montl	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	Enter the amount of gross receipts from space K	_	
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52)	7,600)	
	Enter the amount of gross receipts from space K	_	
	2. Base amount under statutory formula	_	
	3. Subtract line 2 from line 1	_	
	4. Multiply line 3 by .01		
	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		
		-	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		ts!

LEGAL NAME OF OWNER OF Google Fiber Californi CHANNELS													SYSTEM	ID#
													636	
Enter the total number system carried television Enter the total number on which the cable system.	the cable system's to of channels on which a broadcast stations of activated channels am carried television	total numb th the cabl s broadcas	ber of a	activated ch	nannels dur	ing the ac	ccounting	period.	stations			48]
			ORMAT	TION IS NE	EDED (Ider	ntify an inc	dividual to	o whom						
Address (Number	Amphitheatre P street, rural route, apartr tain View, CA 9	Parkway	у					Т	elephone	(650)	253-00	000		
Email	access-complia	ince@go	oogle.c	com			Fax (o	ptional)						
(Owner other the Agent of owner in line 1 of s (Officer or part in line 1 of s I have examined the state are true, complete, and cor	r other than corporation or part other than corporation or part pace B and that the owner) I am an officer (if pace B. ment of account and brect to the best of my	artnership artnership attion or pa wwner is no f a corpora	ip) I am partners oot a cor ration) c	ship) I am the poration or a partner	of the cable the duly author partnership; (if a partners	system as orized age or ship) of the	ent of the o	d in line 1 of the tity identification of the tity identification of the container.	of space B ne cable sy ed as own	/stem as				
	Title:	Enter sig	electro gnature Fle	onic signatur e using an "/s eur Know Google	e on the line / signature" /sley Fiber Ca	lifornia	, LLC	n)	ıt.					
	1. Enter the total number system carried television 2. Enter the total number on which the cable system and nonbroadcast service INDIVIDUAL TO BE CON we can contact about this Name XIXIT 1600 Address (Number, Moun (City, town) Email CERTIFICATION (This statement of the company of t	1. Enter the total number of channels on which system carried television broadcast stations 2. Enter the total number of activated channel on which the cable system carried television and nonbroadcast services	1. Enter the total number of channels on which the cate system carried television broadcast stations	1. Enter the total number of channels on which the cable system carried television broadcast stations	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 NE 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 or 1, the undersigned, hereby certify that (Check one, but only one, of the boxe of the undersigned of the composition of partnership) I am the owner of the inline 1 of space B and that the owner is not a corporation or a partner in line 1 of space B. I have examined the statement of account and hereby declare under penaltia are true, complete, and correct to the best of my knowledge, information, and [18 U.S.C., Section 1001(1986)] X /s/ Fleur Know Title: Manager - Google (Title of official position held in corporation or portnership) in corporation or portnership in the corporation or portnership in the corporation or partnership i	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 (Idea 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 accordance of the cable of the complete of the cable of the cable of the complete of the cable	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 in 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 accordance with Country of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as 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 (if a partnership) of the in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statement are true, complete, and correct to the best of my knowledge, information, and belief, and are made [18 U.S.C., Section 1001(1986)] X /s/ Fleur Knowsley Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/. Typed or printed name: Fleur Knowsley Title: Manager - Google Fiber California (Title of official position held in corporation or partnership)	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 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 (Chty, town, state, zip) Email access-compliance@google.com Fax (o CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright - I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 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X Is Fleur Knowsley Enter an electronic signature on the line above to certify this statement. Enter agriculture using an "Isi signature" (e.g., Isi John Smith) Typed or printed name: Manager - Google Fiber California, LLC (Tibe of original position heads in corporation or partnership)	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 338 INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can contact about this statement of account.) 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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 California, LLC	63690
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	-
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	
First community served Accounting period	

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