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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	02/08/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COV	VERED BY THIS STATEMENT: (YY	YY/(Period))	
	2018/2	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 of of the subsidiary, not that of th	owner of the cable system. If the owner is a subsic le parent corporation.	diary of another corporation, give the full co	rporate title
Owner	List any other name or names u	under which the owner conducts the business of th	ne cable system.	
		during the accounting period, only the owner on t d royalty fee payment covering the entire account		submit a
	Check here if this is the system	's first filing. If not, enter the system's ID number a	assigned by the Licensing Division.	32707
	LEGAL NAME OF OWNER	R/MAILING ADDRESS OF CABLE SYSTEM		
l	Piedmont Cable Services,			
	BUSINESS NAME(S) OF O	WNER OF CABLE SYSTEM (IF DIFFERENT)		
l	MAILING ADDRESS OF OV	VNER OF CABLE SYSTEM		
	PO Box 385 (Number, street, rural route, apartme	nt, or suite number)		
	Dobson, NC 27017 (City, town, state, zip)			
С		any business or trade names used to iden B. In line 2, give the mailing address of the		
System	1 IDENTIFICATION OF CABLE S	SYSTEM:		
	MAILING ADDRESS OF CABL	E SYSTEM:		
	2 (Number, street, rural route, apartme	nt. or suite number)		

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Piedmont Cable Services, Inc	32707
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated 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.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Churchland	NC
Community	Tyro	NC
	Lexington	NC
Rows as Necessary	Reeds	NC

								FORM SA1		
Name	LEGAL NAME OF OWNER OF C		:					515	TEM II 327	
	Piedmont Cable Service	es, Inc							521	
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND RA	TES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
0	system, that is, the retransmission									
Secondary Transmission	about other services (including particular about other services (inc						those exist	ing on the		
Service: Sub-	Number of Subscribers: Bot						ble system	, broken		
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged									
	separately for the particular serv Rate: Give the standard rate of							ne and the		
	unit in which it is generally billed	-	-	•						
	category, but do not include disc	· ·	,		ly otariae		io mann a			
	Block 1: In the left-hand block	•		-		•				
	systems most commonly provide							0,		
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca				••		•			
	first set" and would be counted of									
	Block 2: If your cable system	has rate categ	ories for	secondary tran	smission					
	printed in block 1 (for example, t									
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A tw	o- or thre	e-word descript	tion of the s	service is		
		DCK 1					BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT	
	Residential:	SUBSCIUD	LING	IVALE	CAT		(VICL	SUBSCRIBERS	1041	
	Service to first set		2,313	14.95						
	Service to additional set(s)		_,010	17.00						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES	5					
F	In General: Space F calls for ra	te (not subscril	ber) info	rmation with res	spect to a	Il your cable sy	stem's serv	vices that were		
Г	not covered in space E, that is, t									
Services	service for a single fee. There and furnished at cost or (2) services	•	-		•		0.			
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		,	, ,		5		5 ,		
ransmissions:	Block 1: Give the standard ra									
Rates	Block 2: List any services that listed in block 1 and for which a				•	•	•			
					neu. List	these other ser	vices in the	e ionn or a		
	brief (two- or three-word) description and include the rate for each.									
	CATEGORY OF SERVICE	BLO	1	ORY OF SERV		RATE	CATEO	BLOCK 2 DRY OF SERVICE	RAT	
	Continuing Services:	INAL		tion: Non-resid		IVAIL	CATLO	SIT OF SERVICE		
	• Pay cable			el, hotel						
	• Pay cable—add'l channel			nmercial						
	• Fire protection		_	cable						
	•Burglar protection		-	cable-add'l cha	annel					
	Installation: Residential		· ·	protection						
	• First set			glar protection						
	Additional set(s)			ervices:						
	• FM radio (if separate rate)			onnect		25.00				
	• Converter			connect						
			• Out	et relocation		50.00				
				let relocation ve to new addre	ss	50.00				

				FORM SA1-2E. PAGE 3
lame	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Piedmont Cable Serv	ices, Inc		32707
	PRIMARY TRANSMITTERS:	TELEVISION		
imary smitters:	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC rule. Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations,	(1) stations carried only on a part- be carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	-	
	"WETA-2" as the same on t Column 2: Give the channe	6	C 1 1 1	
	Column 3: Indicate in each	case whether the station is a network	•	
		ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c		
	For the meaning of these te Column 4: Give the locatio	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	ictions in the paper SA1-2 form. the community to which the station	is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
			J. TIPE OF STATION	
	WLXI	61		Greensboro
	WCWG	20	<u>l</u>	Lexington
as Necessary	WCWG WCWG - HD	20 20.1	l I-M	
as Necessary				Lexington
as Necessary	WCWG - HD	20.1	I-M	Lexington Lexington
; Necessary	WCWG - HD WUNL	20.1 26	I-M E	Lexington Lexington Winston Salem
s Necessary	WCWG - HD WUNL WUNL - HD	20.1 26 26-1	I-M E E-M	Lexington Lexington Winston Salem Winston Salem
as Necessary	WCWG - HD WUNL WUNL - HD WFMY	20.1 26 26-1 2	I-M E E-M N	Lexington Lexington Winston Salem Winston Salem Greensboro
as Necessary	WCWG - HD WUNL WUNL - HD WFMY WFMY - HD	20.1 26 26-1 2 2.1	I-M E E-M N N-M	Lexington Lexington Winston Salem Winston Salem Greensboro Greensboro
as Necessary	WCWG - HD WUNL WUNL - HD WFMY WFMY - HD WXLV	20.1 26 26-1 2 2.1 45	I-M E E-M N N-M N	Lexington Lexington Winston Salem Greensboro Greensboro Winston Salem
: as Necessary	WCWG - HD WUNL WUNL - HD WFMY WFMY - HD WXLV WXLV - HD	20.1 26 26-1 2 2.1 45 45.1	I-M E E-M N N-M N-M	Lexington Lexington Winston Salem Winston Salem Greensboro Greensboro Winston Salem Winston Salem Winston Salem
s as Necessary	WCWG - HD WUNL WUNL - HD WFMY WFMY - HD WXLV WXLV - HD WMYV	20.1 26 26-1 2 2.1 45 45.1 48	I-M E E-M N N-M N N-M I	Lexington Lexington Winston Salem Winston Salem Greensboro Greensboro Winston Salem Winston Salem Winston Salem Greensboro Greensboro Greensboro Winston Salem Greensboro
s as Necessary	WCWG - HD WUNL WUNL - HD WFMY WFMY - HD WXLV WXLV - HD WMYV WMYV - HD	20.1 26 26-1 2 2.1 45 45.1 48 48.1	I-M E E-M N N-M N N-M I I I-M	Lexington Lexington Winston Salem Winston Salem Greensboro Greensboro Winston Salem Winston Salem Greensboro
s as Necessary	WCWG - HD WUNL WUNL - HD WFMY WFMY - HD WXLV WXLV - HD WMYV WMYV - HD WXII	20.1 26 26-1 2 2.1 45 45.1 48 48.1 12	I-M E E-M N N-M N N-M I I I-M N	Lexington Lexington Winston Salem Winston Salem Greensboro Greensboro Winston Salem Winston Salem Greensboro Winston Salem
s as Necessary	WCWG - HD WUNL WUNL - HD WFMY WFMY - HD WXLV WXLV - HD WMYV WMYV - HD WXII WXII - HD	20.1 26 26-1 2 2.1 45 45.1 48 48.1 12 12.1	I-M E E-M N N-M N N-M I I I-M N N N-M	Lexington Lexington Winston Salem Winston Salem Greensboro Greensboro Winston Salem Winston Salem Winston Salem Greensboro Winston Salem
s as Necessary	WCWG - HD WUNL WUNL - HD WFMY WFMY - HD WXLV WXLV - HD WMYV WMYV - HD WXII WXII - HD WGPX	20.1 26 26-1 2 2.1 45 45 45.1 48 48.1 12 12.1 16	I-M E E-M N N-M N N-M I I I-M N N N N N N	Lexington Lexington Winston Salem Winston Salem Greensboro Greensboro Winston Salem Winston Salem Winston Salem Greensboro Winston Salem Winston Salem Winston Salem Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Winston Salem Winston Salem
s as Necessary	WCWG - HD WUNL WUNL - HD WFMY WFMY - HD WXLV WXLV - HD WMYV WMYV - HD WXII WXII - HD WQPX WGPX - HD	20.1 26 26-1 2 2.1 45 45.1 48 48.1 12 12.1 16 16.1	I-M E E-M N N-M N N-M I I I-M N N-M I I I-M	Lexington Lexington Winston Salem Winston Salem Greensboro Greensboro Winston Salem Winston Salem Winston Salem Winston Salem Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Winston Salem Winston Salem Greensboro High Point
Vame F G rimary ismitters: levision f r r s s s s s s s s s s s s s s s s s	WCWG - HD WUNL WUNL - HD WFMY WFMY - HD WXLV WXLV - HD WMYV WMYV - HD WXII WXII - HD WGPX WGPX - HD	20.1 26 26-1 2 2.1 45 45.1 48 48.1 12 12.1 16 16.1 8	I-M E E-M N N-M N N-M I I I-M N N-M I I I-M I I I I I I I I I I I	Lexington Lexington Winston Salem Winston Salem Greensboro Greensboro Winston Salem Winston Salem Greensboro Winston Salem Winston Salem Greensboro Winston Salem Greensboro Greensboro
s as Necessary	WCWG - HD WUNL WUNL - HD WFMY WFMY - HD WXLV WXLV - HD WMYV WMYV - HD WXII WXII - HD WGPX WGPX - HD	20.1 26 26-1 2 2.1 45 45.1 48 48.1 12 12.1 16 16.1 8	I-M E E-M N N-M N N-M I I I-M N N-M I I I-M I I I I I I I I I I I	Lexington Lexington Winston Salem Winston Salem Greensboro Greensboro Winston Salem Winston Salem Winston Salem Winston Salem Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Winston Salem Winston Salem Greensboro High Point
s as Necessary	WCWG - HD WUNL WUNL - HD WFMY WFMY - HD WXLV WXLV - HD WMYV WMYV - HD WXII WXII - HD WGPX WGPX - HD	20.1 26 26-1 2 2.1 45 45.1 48 48.1 12 12.1 16 16.1 8	I-M E E-M N N-M N N-M I I I-M N N-M I I I-M I I I I I I I I I I I	Lexington Lexington Winston Salem Winston Salem Greensboro Greensboro Winston Salem Winston Salem Winston Salem Winston Salem Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Winston Salem Winston Salem Greensboro High Point
s as Necessary	WCWG - HD WUNL WUNL - HD WFMY WFMY - HD WXLV WXLV - HD WMYV WMYV - HD WXII WXII - HD WGPX WGPX - HD	20.1 26 26-1 2 2.1 45 45.1 48 48.1 12 12.1 16 16.1 8	I-M E E-M N N-M N N-M I I I-M N N-M I I I-M I I I I I I I I I I I	Lexington Lexington Winston Salem Winston Salem Greensboro Greensboro Winston Salem Winston Salem Winston Salem Winston Salem Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Winston Salem Winston Salem Greensboro High Point
s as Necessary	WCWG - HD WUNL WUNL - HD WFMY WFMY - HD WXLV WXLV - HD WMYV WMYV - HD WXII WXII - HD WGPX WGPX - HD	20.1 26 26-1 2 2.1 45 45.1 48 48.1 12 12.1 16 16.1 8	I-M E E-M N N-M N N-M I I I-M N N-M I I I-M I I I I I I I I I I I	Lexington Lexington Winston Salem Winston Salem Greensboro Greensboro Winston Salem Winston Salem Winston Salem Winston Salem Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Greensboro Winston Salem Winston Salem Greensboro High Point

Pleamont Ca	able Servic	CABLE S' es, Inc						SYSTEM 327
	t every radio s	station ca	nried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recein the Co sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the		·	0/7		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2018/2					F	FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Piedmont Cable Servi	ces, Inc					32707
	SUBSTITUTE CARRIAG				G		
I		-	-			tion that was ! !	ovotom annia
•	In General: In space I, ident						
Cubatituta	substitute basis during the a explanation of the programm						
Substitute Carriage:					ne general in		
Special	1. SPECIAL STATEMEN	-					
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network television p	program
Program Log	broadcast by a distant sta	tion?				YE	s × NO
	NI-1-15 (A)				"X "		
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	must complete the	program
	log in block 2.						
	2. LOG OF SUBSTITUTI						
	In General: List each subs				s wherever p	ossible, if their mea	aning is
	clear. If you need more spa						
				vision program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor	ries like "mo	ovies" or "hask	ethall " List specific progra	am titles for e	example "I I ove I i	icv" or
	"NBA Basketball: 76ers vs.			etball. List speelile progre			
			dcast live, ent	er "Yes." Otherwise enter '	"No."		
				asting the substitute prog			
				the community to which th			Cor, in
	the case of Mexican or Car						
			when your sy	stem carried the substitute	e program. U	se numerals, with t	he month
	first. Example: for May 7 gi						
				ogram was carried by you			
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program can	ned by a system from 6:01	1:15 p.m. to e	28:30 p.m. should	i be
		er "R" if the	listed program	n was substituted for prog	ramming that	t vour system was	required
	to delete under FCC rules						
	was substituted for program						
	effect on October 19, 1976					-	
							-
						N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCURRED) 7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — T	0
						_	
						-	
						_	
						_	
						_	
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						_	
1				I	_ <u> </u>	I	

Accounting Period:	2018/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Nailie	Piedmont Cable Services, Inc 32707
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.
	COPYRIGHT ROYALTY FEE
L Copyright Royalty Fee	Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	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 this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K \$ 207,461.00
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8 0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula \$ 263,800.00
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	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
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 755.61
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 \$ 775.61
	EFT Trace # or TRANSACTION ID # 26F9SOKV
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Piedmont Cable Services, Inc	SYSTEM ID# 32707
M Channels	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 . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . and nonbroadcast services .	17 245
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Marlee Bunker Telephone	336-374-4563
	Address 819 E. Atkins St. (Number, street, rural route, apartment, or suite number) Dobson, NC 27017 (City, town, state, zip) Email bunkerm@surrytel.com Fax (optional) 336-374-508	12
O Certification	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, 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 and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as on in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereiare true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] I there an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Amy R. Hanson Title: Chief Operating Officer 	system as identified vner of the cable system
	Date: 02/08/2019	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ounting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
dmont Cable Services, Inc	3270
 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 YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name 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.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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 Assessmer
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 Assessmen
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
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