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
2/25/2019	\$ 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	۸۵۵۵	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
^	ACCC	TOWNING PERIOD COVERED BY THIS STATEMENT. (TTTT/(Period/)
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20182 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
		TRUVISTA COMMUNICATIONS OF GEORGIA LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 160 (Number, street, rural route, apartment, or suite number)
		CHESTER, SC 29706 (City, town, state, zip)
С		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	<u>'</u>	TRUVISTA
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	1	(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.

	l	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	TRUVISTA COMMUNICATIONS OF GEORGIA LLC	378
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated cor	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	t will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	TOCCOA	GA
Community	TOCCOA FALLS	GA
	LAVONIA	GA
Rows as Necessary	ROYSTON	GA
Nows as Necessary	STEPHENS COUNTY	GA
	JILFIILING COUNTI	GA.

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37806

## TRUVISTA COMMUNICATIONS OF GEORGIA LLC

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									
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE							
Residential:												
<ul> <li>Service to first set</li> </ul>	2,068	38.99										
<ul> <li>Service to additional set(s)</li> </ul>												
<ul> <li>FM radio (if separate rate)</li> </ul>												
Motel, hotel	890	14.88										
Commercial												
Converter												
Residential												
Non-residential												
		T										

F

Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	12.99	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		Pay cable			
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	39.99	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	19.99	Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	95.00		
		Move to new address	49.99		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37806

# TRUVISTA COMMUNICATIONS OF 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAGA	27		ATLANTA, GA
WAGA HD	27.1	I-M	ATLANTA, GA
WGCL	19	N	ATLANTA, GA
WGTV	7	E	ATHENS, GA
WGTV HD	7.1	E-M	ATHENS, GA
WMYA	35	l	ANDERSON, SC
WNEG	24	N	TOCCOA, GA
WPCH	31	l	ATLANTA, GA
WSB	32	N	ATLANTA, GA
WSB HD	32.1	N-M	ATLANTA, GA
WYFF	30	N	GREENVILLE, SC
WYFF HD	30.1	N-M	GREENVILLE, SC
WYFF-THISTV	30.2	I-M	GREENVILLE, SC
WSB-RETRO TV	32.2	I-M	ATLANTA, GA
WGGS	2	l	GREENVILLE, SC
WHNS	17	I	GREENVILLE, SC
WHNS HD	17.1	I-M	GREENVILLE, SC
WHNS	17.2	I-M	GREENVILLE, SC
WLOS	13	N	ASHVILLE, NC
WSPA	11	N	SPARTANBURG, SC
WSPA HD	11.1	N	SPARTANBURG, SC
WYCW	11	l	ASHVILLE, NC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## TRUVISTA COMMUNICATIONS OF GEORGIA LLC

37806

## 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: 2018/2						FOR	M SA1-2E. PAGE 5.			
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#			
Name	TRUVISTA COMMUNIC	CATIONS	OF GEORGI	A LLC				37806			
ı	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a	fy <i>every nor</i> ccounting pe	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or au	thorizations.	For a further			
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.										
Carriage: Special	1. SPECIAL STATEMENT										
Statement and	During the accounting per	-	r cable system	carry, on a substitute ba	sis, any nonne	twork televis					
Program Log	broadcast by a distant sta						YES	X NO			
	Note: If your answer is "No"	', leave the	rest of this pag	ge blank. If your answer is	s "Yes," you m	ust complete	the prograr	m			
	log in block 2.  2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call: Column 4: Give the broat the case of Mexican or Can first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s idcast static adian statio th and day re "5/7." es when the Example: a er "R" if the ind regulatio	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owhen your system substitute proprogram carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "asting the substitute program community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programing the accounting period	e program") that ed for the program titles, for ex "No."  e station is lice e station is idea program. Use r cable system :15 p.m. to 6:2 ramming that yid; enter the le	ensed by the ntiffied).  List the time 28:30 p.m. shows the "P" if the	e accounting another star rinformation ve Lucy" or FCC or, in with the more accurate nould be was require listed progr	tion n. nth ly			
	enection october 19, 1970.				11			1			
	S	UBSTITUT	E PROGRAM	1	1 1	EN SUBSTI IAGE OCCI		7. REASON FOR			
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH		IMES TO	DELETION			
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Accounting Period:	2018/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA LLC	S	37806
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 trans (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.  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.	mission services amount, see	3,787.92
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.	\$263,800	
	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 accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	·	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	· ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	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 \$527	,600)	
	1. 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	2,199.88	
	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	\$	3,518.88
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3,518.88	
Total Remittance Due	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	\$	3,538.88
	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		ghts!

Name  CHANNELS Instructions: Vou must give (1) the number of channels on which the cable system carried stellowen broadcast stations to state subschedure, and (2) the cable system is total number of activated channels during the accounting period.  1. Critier the state number of channels can statish the cable system carried thevelon broadcast stations on which the cable system carried thevelon broadcast stations and nontrovolutional sources.  2. Enter the total number of administed channels can which the cable system carried thevelon broadcast stations on which the cable system carried trevelon broadcast stations and nontrovolutional sources.  Nontroplant, to see Contract bevillant broadcast stations and nontrovolutional sources.  Nontroplant, to see Contract bevillant broadcast stations and nontrovolutional sources.  Nontroplant, to see Contract bevillant broadcast stations and nontrovolutional sources.  Name  AUTUMN CASTLES  P.O. BOX 160  Certification  Octification  - 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Overer other than corporation or partnership) I am the duity authorized agent of the owner of the cable system as identified in size 1 of space 8, or interest 1 in the 1 of space 8.  **Year Control of the boxes of the boxes of my secondary, or of the boxes.}  (Others or secretary) I am an officer (if a corporation or partnership) I am the duity authorized agent of the counter of the cable system in the 1 of space 8.  **Year Allison A Jakubecy**  Fast can abstractic cignitation on the law acres in counter to the scale, and are made in good fath.  Title: Section VP - Sales & Marketing.  (Title of uffect partnership) I control to the scale and are made in good fath.  **Propose of printed manner:  Allison A Jakubecy**  Fast can abstractic cignitation of the law acres in counter the partnership) I control to the scale and are made in good fath.  **It is a cultivate partnership I control to the counter of the	Accounting Period:	2018/2																																					F	OF	RM S	SA1	I-2	E. I	PA	GE	Ξ 7
The instructions: You must gove (1) the number of channels on which the cable system carried television broadcast stations to to its subscribers, and (2) the cable system's total number of activated channels during the accounting ported.  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 on which the cable system carried television broadcast stations  108  No individual to be CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact accult this distinct of account.)  Name AUTUMN CASTLES  P.O. BOX 150  Quantification  Address  P.O. BOX 150  Quantification (Very town, date, ap)  Email ACASTLESSITIVANSTABLY  Fax (options)  Fax (options)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  (Cov. town, date, ap)  (Cov.	Name			RGIA LL	LLC	.c	;																										_		_							S	YS				
Individual to Be Contacted for Further Information  Address P.O. BOX 160  Chesters, Sc. 29706  (City, Iown, state, ze)  Email ACASTLES@TRUVISTA.BIZ  Pax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  - I, 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; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of 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 a partner of a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  - I have examined a daccount 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 bellef, and are made in good faith.  Typed or printed name:  Allison A. Jakubecy  Title:  Senior VP - Sales & Marketing  (Title of decidi position field in corporation or printership)).		Instructions: You must to its subscribers, and (2  1. Enter the total numbe system carried television 2. Enter the total numbe on which the cable systems.	?) the cable system's to r of channels on which on broadcast stations r of activated channels tem carried television	total numb th the cabl s broadcas	mber ble 	e	r of	of a	ac	tiva 	at		l c	tha	nne	els o	dur	rinç	g th	ne a	асс 		un	ntii	ng	pe	erio	d.		ation																	
Address  P.O. BOX 160 (Number, street, unail route, spartment, or suite number)  CHESTER, SC 29706 (City, town, state, re)  Email  ACASTLES@TRUVISTA.BIZ  Fax (optional)  CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, 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 8; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space 8 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 legal entity identified as owner of the cable system in line 1 of space 8.  • I have examined the 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.  [18 U.S.C., Section 1001(1986)]  X /s/ Allison A Jakubecy  Enter an electronic signature on the line above to certify this statement.  Enter signature using an 7/s/ signature* (e.g., /s/ John Smith)  Typed or printed name:  Allison A. Jakubecy  Title:  Senior VP - Sales & Marketing  (Title of efficial position heat in corporation or partnership)	Individual to Be Contacted	we can contact about th	is statement of accoun		ORN	RMA	MA	IAT	TIC	N	ľ	8	NE	EE	DE	D (I	deı	ntif	ify a	an i	indi	ivio	dι	ua	al t	0 V	vho																				
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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

counting Period: 2018/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
RUVISTA COMMUNICATIONS OF GEORGIA LLC	37806
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address  Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Tot all explanation of interest assessment, see page (viii) of the general instructions located in the paper SAT-2 form.	Internal Accessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	·
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	·
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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