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
		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		UCTIONS: 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.

Accounting Period:	2018/2				
		FORM SA1-2E. PAGE 1b.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#			
	TRUVISTA COMMUNICATIONS OF GEORGIA	37920			
Area Served	Instructions: List each separate community served by the cable system. A "communi" a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	mmunities within unincorporated areas and including single, it will serve as a form of system identification hereafter known			
	2007 20 5000				
First	CITY OR TOWN CLAYTON	STATE GA			
Community	DILLARD	GA			
•	RABUN COUNTY	GA			
Add Rows as Necessary	TIGER	GA			
	MOUNTAIN CITY	GA			

Accounting Period: 2018/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37920

TRUVISTA COMMUNICATIONS OF GEORGIA

E

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	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
 Service to first set 	1,021	38.99				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel	890					
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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
 Pay cable 	12.99	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	39.99	Burglar protection			
 Additional set(s) 		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# 37920

TRUVISTA COMMUNICATIONS OF GEORGIA

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
WAGA	27	l	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	ATHENS, GA
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
WFYY-THIS TV	30.2	I-M	GREENVILLE, SC
WSB-RETRO TV	32.2	I-M	ATLANTA, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TRUVISTA COMMUNICATIONS OF GEORGIA

37920

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	Α				37920	
ı	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a	fy every nor	nnetwork televis	sion program, broadcast b	y a distant stat				
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:	1. SPECIAL STATEMEN	CONCER	NING SUBST	TITUTE CARRIAGE					
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	sis, any nonne	twork televis	sion progran		
Program Log	broadcast by a distant sta	tion?					YES	X NO	
	Note: If your answer is "No	, leave the	rest of this pag	je blank. If your answer is	"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 categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor 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 ies like "mor Bulls." n was broad sign of the s idcast static adian statio th and day we "5/7." es when the Example: a er "R" if the und regulatio ming that y	m on a separa add additional ranetwork televition and that yo rauthorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owner your system of program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gertball." List specific program "Yes." Otherwise enter "sting the substitute programe 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 perio	e program") that ed for the program titles, for ex No." am. e station is lice to station is idented to program. Use to cable system to 6:2 tramming that y d; enter the left	ent, during the gramming of ns for furthe ample, "I Lo ensed by the ntified). List the time 28:30 p.m. silvour system tter "P" if the	e accounting another star r information ve Lucy" or FCC or, in with the mores accurate hould be was require listed progr	tion n. nth ly	
					WHE	EN SUBSTI	TUTE		
	S	UBSTITUT	E PROGRAM		CARR	IAGE OCC	URRED	7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T	TIMES — TO	DELETION	
							_		
								·	
							_		
							— 		
							_		

ccounting Period:	<u> </u>				SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA			;	SYSTEM ID 3792				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form all amounts (gross receipts) paid to your cable system by subscribe (as identified in space E) during the accounting period. For a further page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission se during the accounting period	ers for the syste r explanation of m. ervice(s)	m's secondary trar how to compute th	smission serv nis amount, ser \$ 23	ice				
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 Use block 2 if the amount of gross receipts in space K is more than Use block 3 if the amount of gross receipts in space K is more than See page (vi) of the general instructions located in the paper SA1-2 form	\$137,100 but le \$263,800 but le	ess than \$527,600						
	BLOCK 1: GROSS RECEIPTS	OF \$137,100	OR LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, accounting period is \$52.00 Line 1. Royalty fee for accounting period				n				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIO	OD Add lines 1 a	and 2	<u> </u>					
	BLOCK 2: GROSS RECEIPTS OF \$263,800	0 OR LESS (b	ut more than \$137	7,100)					
	Base amount under statutory formula	\$	263,800.00	<u> </u>					
	2. Enter amount of gross receipts from space K	\$	238,852.74	<u></u>					
	3. Subtract line 2 from line 1	<u>\$</u>	24,947.26	<u>i_</u>					
	Enter the amount of gross receipts from space K			238,852.74	-				
	5. Enter the amount from line 3			24,947.26	-				
	6. Subtract line 5 from line 4			213,905.48					
	7. Multiply line 6 by .005 (enter figure here)				1,069.53				
	8. Interest charge. Enter the amount from line 4, space Q, page 8			•	0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. A	Add lines 7 and 8	3	. \$	1,069.53				
	BLOCK 3: GROSS RECEIPTS OF MORE TH	HAN \$263,800	(but less than \$52	27,600)					
	Enter the amount of gross receipts from space K	<u> </u>							
	Base amount under statutory formula	\$	263,800.00	<u> </u>					
	3. Subtract line 2 from line 1	· · · · · · <u> </u>		_					
	4. Multiply line 3 by .01		· · · · · <u> </u>		_				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory for	ormula)	\$	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 REMITTA	ANCE DUE							
Filing Fee and	4. Povelty Fee Peyable for Assessmiles Period (form Shall 4.0.	2010)	c	1 060 50					
Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, ab			1,069.53	=				
	Filing Fee (See the instructions for more information on filing fee calc	culations)	<u>\$</u>	20.00	-				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2	and 3		\$	1,089.53				
	Important: Your remittance must be in the form of an electr See page i of the general instructions in the p		-		ights!				

Accounting Period:	2018/2									FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF		GIA							SYSTEM ID 3792
M Channels	CHANNELS Instructions: You must girt to its subscribers, and (2) t 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system and nonbroadcast services	the cable system's total of channels on which the broadcast stations of activated channels on carried television bro	al numbe the cable	er of activate	ed channels o	during the ac	ecounting perio	od.		91
N Individual to Be Contacted	INDIVIDUAL TO BE CON- we can contact about this s			RMATION IS	S NEEDED (lo	dentify an ind	dividual to who	om		
for Further Information	Name AUTUI	MN CASTLES						Telephone	803-581-9	148
	(Number, s	OX 160 street, rural route, apartmen TER, SC 29706 , state, zip)	ent, or suite	e number)						
	Email	ACASTLES@TRU	UVISTA	.BIZ			Fax (option	al)		
O Certification	(Agent of owner in line 1 of sp	certify that (Check one, the comporation or particular than corporation are B and that the owner of the composition of the comp	tnership) on or partner is not a corporation or partner is not a corporation of the corpo	rone, of the I am the overthership) I a corporation a corporation tion) or a pail lare under particle information /s/ Alliso electronic signature using a corporation VP - Sal	wner of the cat am the duly au on or partnersh rtner (if a partn enalty of law th n, and belief, a	ole system as athorized age appropriate and all statem and are made above to re" (e.g., /s/	ent of the owner e legal entity idents of fact coin good faith.	ne 1 of space E er of the cable s dentified as own	ystem as identif	
		Date:					2-21-	19		

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counting Period: 2018/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
RUVISTA COMMUNICATIONS OF GEORGIA	37920
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?	
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.	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	-
xdays Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x 0.00274	-
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	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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