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               |  |  |  |  |
| 03/01/2019                    | \$ 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                    | ACCC | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))  |
|----------------------|------|--|
|                      |      | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31   |
|                      |      | Barcode Data Filing Period (optional - see instructions)   |
| Accounting<br>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 Utah, LLC   |
|                      |      | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)   |
|                      |      |  |
|                      |      | MAILING ADDRESS OF OWNER OF CABLE SYSTEM   |
|                      |      | 1600 Amphitheatre Parkway (Number, street, rural route, apartment, or suite number)  |
|                      |      | Mountain View, CA 94043 (City, town, state, zip)   |
|                      |      |  |
| С                    |      | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System               | 1    | IDENTIFICATION OF CABLE SYSTEM:  |
|                      | _ '  |  |
|                      |      | MAILING ADDRESS OF CABLE SYSTEM:   |
|                      | 2    | (Number, street, rural route, apartment, or suite number)  |
|                      |      |  |
| ĺ                    | 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 suffciency of the fling, a determination that would be made by a court of law.

|                      |   | FORM SA1-2E. PAGE 1b   |
|----------------------|---|--|
| Name                 | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#   |
|                      | Google Fiber Utah, LLC  | 63494  |
| D                    | Instructions: List each separate community served by the cable system. A " "a separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community t as the "first community." Please use it as the first community on all future to | orated communities within unincorporated areas and including single,<br>hat you list will serve as a form of system identification hereafter knowr<br>filings. |
| Area                 | Note: Entities and properties such as hotels, apartments, condominiums, or  | mobile home parks should be reported in parentheses below the  |
| Served               | identified city.  |  |
|                      | CITY OR TOWN  | STATE  |
| First                | Provo   | UT   |
| Community            | Salt Lake City  | UT   |
|                      |   |  |
| dd Rows as Necessary |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |
|                      |   |  |

Accounting Period: 2018/1 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63494 Google Fiber Utah, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission 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 Service: Subscribers 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 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. BLOCK 1 **BLOCK 2** NO. OF NO. OF RATE CATEGORY OF SERVICE **SUBSCRIBERS** RATE CATEGORY OF SERVICE **SUBSCRIBERS** Residential: · Service to first set 3,090 \$25/mo · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

# F

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 1                       |      |   | BLOCK 2 |                     |      |
|-------------------------------|------|---|---------|---------------------|------|
| CATEGORY OF SERVICE           | RATE | CATEGORY OF SERVICE                         | RATE    | CATEGORY OF SERVICE | RATE |
| Continuing Services:          |      | Installation: Non-residential               |         |                     |      |
| Pay cable                     |      | Motel, hotel                                |         | Video on demand     | PP   |
| Pay cable—add'l channel       | PP   | Commercial                                  |         |                     |      |
| Fire protection               |      | • Pay cable                                 |         |                     |      |
| •Burglar protection           |      | <ul> <li>Pay cable-add'l channel</li> </ul> |         |                     |      |
| 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# 63494

Google Fiber Utah, 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 |
|--------------|--------------------------|--------------------|------------------------|
| KJZZDT       | 19                       | I                  | Salt Lake City, UT     |
| KJZZDT3      | 19.3                     | I-M                | Salt Lake City, UT     |
| KJZZDT4      | 19.4                     | I-M                | Salt Lake City, UT     |
| KSLDT        | 23                       | N                  | Salt Lake City, UT     |
| KSLDT2       | 23.2                     | N-M                | Salt Lake City, UT     |
| KSLDT3       | 23.3                     | N-M                | Salt Lake City, UT     |
| KSTUDT       | 28                       | N                  | Salt Lake City, UT     |
| KSTUDT2      | 28.2                     | N-M                | Salt Lake City, UT     |
| KSTUDT3      | 28.3                     | N-M                | Salt Lake City, UT     |
| KTMWDT       | 20                       | N                  | Salt Lake City, UT     |
| KTMWDT2      | 20.2                     | N-M                | Salt Lake City, UT     |
| KTMWDT3      | 20.3                     | N-M                | Salt Lake City, UT     |
| KTMWDT4      | 20.4                     | N-M                | Salt Lake City, UT     |
| KTVXDT       | 30                       | N-M                | Salt Lake City, UT     |
| KTVXDT2      | 30.2                     | N-M                | Salt Lake City, UT     |
| KTVXDT4      | 30.4                     | N-M                | Salt Lake City, UT     |
| KUCWDT       | 35                       | <u> </u>           | Ogden, UT              |
| KUCWDT2      | 35.2                     | I-M                | Ogden, UT              |
| KUCWDT3      | 35.3                     | I-M                | Ogden, UT              |
| KUCWDT4      | 35.4                     | I-M                | Ogden, UT              |
| KUEDDT       | 27                       | E                  | Salt Lake City, UT     |
| KUEDDT2      | 27.2                     | E-M                | Salt Lake City, UT     |
| KUEDDT3      | 27.3                     | E-M                | Salt Lake City, UT     |
| KUENDT       | 36                       | E                  | Ogden, UT              |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63494 Google Fiber Utah, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 Transmitters: 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 Television 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. 2. B'CAST CHANNEL NUMBER 1. CALL SIGN 3. TYPE OF STATION 4. LOCATION OF STATION **KUENDT2** 36.2 E-M Ogden, UT **KUPXDT** 29 Provo, UT **KUTHDT** 32 Ν Provo. UT **KUTHDT2** 32.2 N-M Provo, UT **KUTHDT3** 32.3 N-M Provo, UT **KUTVDT** 34 Ν Salt Lake City, UT **KUTVDT2** 34.2 N-M Salt Lake City, UT

FORM SA1-2E, PAGE 3.

Accounting Period: 2018/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63494

Google Fiber Utah, LLC

#### 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 |
|-----------|--------------|-----|---------------------|-----------|----------|------|---------------------|
|           |              |     |                     |           |          |      |                     |
|           | <b></b>      |     |                     |           |          |      |                     |
|           | <del> </del> |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          | <br> |                     |
|           | <b></b>      |     |                     |           |          |      |                     |
|           | ļ            |     |                     |           |          |      |                     |
|           | <b></b>      |     |                     |           |          | <br> |                     |
|           | <b></b>      |     |                     |           |          | <br> |                     |
|           |              |     |                     |           |          | <br> |                     |
|           |              |     |                     |           |          |      |                     |
|           | ļ            |     |                     |           |          |      |                     |
|           |              |     |                     |           |          | <br> |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              | ]   |                     |           |          |      |                     |
|           | T            |     |                     |           |          |      |                     |
|           | T            |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           | t            |     |                     |           |          |      |                     |
|           | <b></b>      |     |                     |           |          |      |                     |
|           | l            |     |                     |           |          |      |                     |
|           | <b></b>      |     |                     |           |          |      |                     |
|           | <b></b>      |     |                     |           |          |      |                     |
|           | <b></b>      |     |                     |           |          |      |                     |
|           | <del> </del> |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           |              |     |                     |           |          |      |                     |
|           | 1            |     |                     | 1         | 1        |      | 1                   |

| ad: 2019/1  |   |  |  |  | FOR  | M SA1-2E. PAGE 5.  |  |  |
|---|---|--|--|--|--|--|--|--|
| LEGAL NAME OF OWNER OF  |   | STEM:  |  |  | FOR  | SYSTEM ID#<br>63494  |  |  |
| In General: In space I, iden substitute basis during the  | tify every no   | onnetwork telev<br>period, under sp  | ision program, broadcast b<br>becific present and former F   | y a <i>distant</i> sta<br>FCC rules, reg   | gulations, or authorization  | ons. For a further   |  |  |
| During the accounting per broadcast by a distant state Note: If your answer is "Note: If you need more sponder. If you need more sponder certain FCC rules, rote in the case of Mexican or Calumn 2: If the progration Column 4: Give the broadcast of Mexican or Calumn 5: Give the mofirst. Example: for May 7 good Column 6: State the tint to the nearest five minutes stated as "6:00–6:30 p.m."  Column 7: Enter the left to delete under FCC rules. | riod, did yo ation?  "", leave the EPROGRA stitute prograce, please of every na distant stagulations, ries like "m. Bulls."  "" m was broasign of the adcast stat nadian stat nadian stat nadian stat nadian state."  "" "Example:  "" if the and regulation?   | am on a separ add additiona onnetwork tele tion and that y or authorizatio ovies" or "bask adcast live, ent station broaddion's location (ions, if any, the y when your sy the substitute pra a program car tions in effect of   | age blank. If your answer is age blank. If your answer is age blank. If your answer is ate line. Use abbreviation I rows to the tables. It is a possible tour cable system substitutions. See page (v) of the general program ("Substitute program") and the community to which the community with which the ecommunity with which the stem carried the substitution or an was carried by your is a system from 6:00 m was substituted for program is a substituted | is "Yes," you  as wherever pute program") futed for the program titles, for "No." gram. The station is lifted to the program. The station is lifted program | wyes must complete the pro- cossible, if their meaning that, during the account rogramming of another tions for further inform example, "I Love Lucy decensed by the FCC or dentified). Is a numeral so with the em. List the times accuus 6:28:30 p.m. should be to tyour system was required.  | y NO ogram  og is nting restation ation. or  |  |  |
| effect on October 19, 1976.   |   |  |  |  | WHEN SUBSTITUTE  CARRIAGE OCCURRED 7. REASON FO  |  |  |  |
| TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No   | 3. STATION'S<br>CALL SIGN  |  | 1  |  | DELETION   |  |  |
|   |   |  |  |  |  |  |  |  |
|   | Google Fiber Utah, LL  SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the program  1. SPECIAL STATEMEN During the accounting pe broadcast by a distant state Note: If your answer is "Not log in block 2.  2. LOG OF SUBSTITUT In General: List each subsclear. If you need more space of the state of the speriod, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the broot the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograi effect on October 19, 1976 | LEGAL NAME OF OWNER OF CABLE SYS Google Fiber Utah, LLC  SUBSTITUTE CARRIAGE: SPECI. In General: In space I, identify every no substitute basis during the accounting pexplanation of the programming that mu.  1. SPECIAL STATEMENT CONCEI. During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGR. In General: List each substitute progrelear. If you need more space, please Column 1: Give the title of every in period, was broadcast by a distant state under certain FCC rules, regulations, Do not use general categories like "m"NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast state case of Mexican or Canadian state the case of Mexican or Canadian state. Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the to the nearest five minutes. Example: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the todelete under FCC rules and regulations was substituted for programming that effect on October 19, 1976.  SUBSTITUT  1. TITLE OF PROGRAM  2. LIVE? | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Google Fiber Utah, LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork telev substitute basis during the accounting period, under spexplanation of the programming that must be included  1. SPECIAL STATEMENT CONCERNING SUBS During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this participation in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork teleperiod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadcast Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute proto the nearest five minutes. Example: a program car stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S  | SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOW In General: In space I, identify every nonnetwork television program, broadcast is substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (V) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute b broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substituturder certain FCC rules, regulations, or authorizations. See page (V) of the gc Do not use general categories like "movies" or "basketball." List specific progr "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute progroum 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for program was substituted for programming that your system was permitted to delete un effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S   | Google Fiber Utah, LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stabstitute basis during the accounting period, under specific present and former FCC rules, requipmental experiments of the programming that must be included in this log, see page (v) of the general in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any non broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever program 1: Give the title of every nonnetwork television program ("substitute program") is period, was broadcast by a distant station and that your cable system substituted for the punder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction to use general categories like "movies" or "basketball." List specific program titles, for "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 with which the station is in the case of Mexican or Canadian stations, if any, the community with which the station is in the case of Mexican or Canadian stations, if any, the community with which the station is in the case of Mexican or Canadian stations, if any, the community with which the station is in the case of Mexican or Canadian stations, if any, the community with which the station is in the case of Mexican or Canadian stations, if any, the community of which the station is in the case of Mexican or Canadian stations, if any, the community to which the station is in the case of Mexican or Canadian stations, if any, | SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sy substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizative explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television probroadcast 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 prolog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meanic 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 accour period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy "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. Use numerals, with the first. Example: for May 7 give "67."  Column 6: State the times when the substitute program was carried by your cable system. List the times accut 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 "P" if the listed program was substituted for programming that your system was pe |  |  |

| Accounting Period:                 | 2018/1   |                            |                                     | FORM                                   | SA1-2E. PAGE 6. |
|------------------------------------|--|----------------------------|-------------------------------------|--|-----------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Google Fiber Utah, LLC   |                            |                                     | ,                                      | 63494           |
| <b>K</b><br>Gross Receipts         | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts. | system's se<br>on of how t | condary transmi<br>o compute this a | ission service<br>amount, see<br>\$463 |                 |
| L<br>Copyright<br>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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more in  | but less that              | an \$527,600                        | 263,800                                |                 |
|                                    | BLOCK 1: GROSS RECEIPTS OF \$13  | 7,100 OR                   | LESS                                |  |                 |
|                                    | Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00   | ty fee that y              | ou must pay for t                   | this six-mon                           |                 |
|                                    | 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 li  | nes 1 and 2                | 2                                   |  |                 |
|                                    | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE   | SS (but mo                 | ore than \$137,1                    | 00)                                    |                 |
|                                    | Base amount under statutory formula  | \$                         | 263,800.00                          |  |                 |
|                                    | 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  | 7 and 8                    |                                     |  |                 |
|                                    | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260   | 3,800 (but                 | less than \$527,                    | 600)                                   |                 |
|                                    | Enter the amount of gross receipts from space K  | \$                         | 463,500.00                          |  |                 |
|                                    | 2. Base amount under statutory formula   | \$                         | 263,800.00                          |  |                 |
|                                    | 3. Subtract line 2 from line 1   | \$                         | 199,700.00                          |  |                 |
|                                    | 4. Multiply line 3 by .01  |                            | \$                                  | 1,997.00                               | _               |
|                                    | 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)  |                            | \$                                  | 1,319.00                               | _               |
|                                    | 6. Interest charge. Enter the amount from line 4, space Q, page 8  |                            |                                     | 0.00                                   | -               |
|                                    | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4  | 4, 5, and 6 .              |                                     | \$                                     | 3,316.00        |
|                                    | FILING FEE AND TOTAL REMITTANCE DU   | JE                         |                                     |  |                 |
| Filing Fee and<br>Total Remittance | Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)   |                            | \$                                  | 3,316.00                               |                 |
| 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   |                            |                                     | \$                                     | 3,336.00        |
|                                    | Important: Your remittance must be in the form of an electronic pay<br>See page i of the general instructions in the paper SA  |                            |                                     |  | ghts!           |

| Accounting Period: | 2018/1  | FORM SA1-2E. PAGE 7.   |
|--------------------|---|------------------------|
| Name               | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Google Fiber Utah, LLC  | SYSTEM ID#<br>63494    |
| M<br>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.                                 |                        |
|                    | Enter the total number of channels on which the cable system carried television broadcast stations  | 31                     |
|                    | Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services  | 323                    |
| N Individual to    | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  |                        |
| for Further        | Name XiXi Tian Telephone (6   | 650) 253-0000          |
| Information        | Address (Number, street, rural route, apartment, or suite number)  Mountain View, CA 94043  |                        |
|                    | (City, town, state, zip)  Email access-compliance@google.com Fax (optional)   |                        |
|                    | CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  |                        |
| O<br>Certification | • 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 synin line 1 of space B and that the owner is not a corporation or partnership; or  | stem as identified     |
|                    | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned in line 1 of space B.   | er of the cable system |
|                    | 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/ Fleur Knowsley  |                        |
|                    | Enter 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: Fleur Knowsley   |                        |
|                    | Title: Manager - Google Fiber Utah, LLC  (Title of official position held in corporation or partnership)  |                        |
|                    | Date: 08/30/2018  |                        |

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.

| counting Period: 2018/1  | FORM SA1-2E. PAGE 8.                                    |
|--|---|
| GAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
| oogle Fiber Utah, LLC  | 63494   |
| 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 Mailing Address Name 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<br>Interest Assessment                                |
| Line 1 Enter the amount of late payment or underpayment  | Interest Assessment                                     |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here  |   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   |   |
| Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6  |   |
| contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.   |   |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.   |   |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.  |   |
| Owner  |   |
| Address  |   |
|  |   |
| ID number  |   |
| First community served   |   |
| Accounting period  | 1   |

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