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

STATEME	NT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondar	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable System General instruct in the first tab of	ctions	are located	03/01/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	YYY/(Period))	
		2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period					
B Owner		of the subsidiary, not that of the parent co List any other name or names under which	rporation. In the owner conducts the business of t accounting period, only the owner on the e payment covering the entire account	the last day of the accounting period should su ting period.	
		LEGAL NAME OF OWNER/MAILING			
		Google Fiber Tennessee, LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF 1600 Amphitheatre Parkway			
		(Number, street, rural route, apartment, or suite nu Moutain View, CA 94043 (City, town, state, zip)	imber)		
С				ntify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	Google Fiber Tennessee, LLC	63655
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, c	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	identified city.	in mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Nashville	TN
Community		
Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E SYSTEM						FORM SA1	TEM ID	
Name	Google Fiber Tennesse							010	6365	
Е	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of	the cable		
—	system, that is, the retransmission	•		-		•				
Secondary	about other services (including p									
Transmission	last day of the accounting period									
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•					-			
Rates	each category by counting the n			•		•				
	separately for the particular serv	vice at the rate	indicate	d—not the nu	mber of se	ts receiving ser	vice).	-		
	Rate: Give the standard rate of	-	-					-		
	unit in which it is generally billed category, but do not include disc	· ·				ard rate variation	ns within a	particular rate		
	Block 1: In the left-hand block					condary transmi	ssion servi	ice that cable		
	systems most commonly provide									
	that applies to your system. Not			•		0				
	categories, that person or entity subscriber who pays extra for ca					υ.				
	first set" and would be counted of									
	Block 2: If your cable system									
	printed in block 1 (for example, f									
	with the number of subscribers a sufficient.	and rates, in th	e right-r	iand block. A t	two- or thre	e-wora descrip	tion of the	service is		
		DCK 1					BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT	
	Residential:	SUBSCRID	EKO	NATE	CAT	EGORT OF SEI	VICE	SUBSCRIBERS	T/A I	
	Service to first set		1,276	\$25/mo						
	Service to additional set(s)		-,•	,						
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	 Non-residential 									
	SERVICES OTHER THAN SEC						atawa'a aar	viene that were		
F	In General: Space F calls for ra not covered in space E, that is, t									
	service for a single fee. There a									
Services	furnished at cost or (2) services									
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		susually	billed. If any i	rates are cl	harged on a var	iable per-p	program basis,		
ransmissions:			the cable	e system for e	ach of the	applicable serv	ices listed.			
Rates	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.									
	bhei (two- or three-word) desch	buon and inclu	de lhe ra	ale for each.			<u> </u>			
		BLO				D.475	0.175.0	BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SEF	-	RATE	CATEGO	ORY OF SERVICE	RAT	
	Continuing Services: Pay cable			tion: Non-res	sidential		Vidoo	on demand	F	
	• Pay cable—add'l channel	PP		nmercial			VIGEO		•	
	Fay cable—add i charmer Fire protection	FF		v cable						
	•Burglar protection		-	cable-add'l c	hannel					
	Installation: Residential			protection						
	• First set			glar protection	ı					
	Additional set(s)			services:						
	• FM radio (if separate rate)			connect						
		k								
	Converter		• Dis	connect						
	• Converter			connect let relocation						

	LEGAL NAME OF OWNER OF			SYSTEM
Name	Google Fiber Tennes			636
	PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, ar Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	of (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a su the Special Statement and Program and both on a substitute basis and als , see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial pendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WHTNDT	38		Murfreesboro, TN
	WJFBDT	11		Lebanon, TN
ows as Necessary	WKRNDT	27	N	Nashville, TN
wo as	WKRNDT2	27.2	N-M	Nashville, TN
	WKRNDT3	27.3	N	Nashville, TN
	WLLCLD	42	N	Nashville, TN
	MELGES			Nuoninio, III.
	WLLCLD2	42.2	N	Nashville, TN
	WLLCLD2 WILCLD3	42.2	<u>N</u>	Nashville, TN Nashville, TN
	WLLCLD3	42.3	N N I	Nashville, TN
	WLLCLD3 WNABDT	42.3 23	N	Nashville, TN Nashville, TN
	WLLCLD3 WNABDT WNABDT2	42.3 23 23.2		Nashville, TN Nashville, TN Nashville, TN
	WLLCLD3 WNABDT WNABDT2 WNABDT3	42.3 23 23.2 23.3	N I I-M I	Nashville, TN Nashville, TN Nashville, TN Nashville, TN
	WLLCLD3 WNABDT WNABDT2 WNABDT3 WNPTDT	42.3 23 23.2 23.3 7	N I I-M I E	Nashville, TN Nashville, TN Nashville, TN Nashville, TN Nashville, TN
	WLLCLD3 WNABDT WNABDT2 WNABDT3 WNPTDT WNPTDT2	42.3 23 23.2 23.3 7 7.2	N I I-M I E E-M	Nashville, TN
	WLLCLD3 WNABDT WNABDT2 WNABDT3 WNPTDT WNPTDT2 WNPTDT3	42.3 23 23.2 23.3 7 7.2 7.3	N I I-M I E	Nashville, TN
	WLLCLD3 WNABDT WNABDT2 WNABDT3 WNPTDT WNPTDT2 WNPTDT3 WNPXDT	42.3 23 23.2 23.3 7 7.2 7.3 20	N I I-M I E E-M	Nashville, TN
	WLLCLD3 WNABDT WNABDT2 WNABDT3 WNPTDT WNPTDT2 WNPTDT3 WNPXDT WNPXDT2	42.3 23 23.2 23.3 7 7.2 7.3 20 20.2	N I I-M I E E-M E-M I	Nashville, TN
	WLLCLD3 WNABDT WNABDT2 WNABDT3 WNPTDT WNPTDT2 WNPTDT3 WNPXDT2 WNPXDT2 WNPXDT2	42.3 23 23.2 23.3 7 7 7.2 7.3 20 20.2 20.3	N I I-M I E E-M E-M I	Nashville, TN
	WLLCLD3 WNABDT WNABDT2 WNABDT3 WNPTDT WNPTDT2 WNPTDT3 WNPXDT WNPXDT2 WNPXDT2 WNPXDT3 WNPXDT3	42.3 23 23.2 23.3 7 7.2 7.3 20 20.2	N I I-M I E E-M E-M I I I I I	Nashville, TN Hendersonville, TN
	WLLCLD3 WNABDT WNABDT2 WNABDT3 WNPTDT WNPTDT2 WNPTDT3 WNPXDT3 WNPXDT2 WNPXDT3 WNPXDT3 WNPXDT3 WNPXDT3	42.3 23 23.2 23.3 7 7 7.2 7.3 20 20.2 20.2 20.3 33 10	N I I-M I E-M E-M I I I I I I N	Nashville, TN Hendersonville, TN Nashville, TN
	WLLCLD3 WNABDT WNABDT2 WNABDT3 WNPTDT WNPTDT2 WNPTDT3 WNPXDT WNPXDT2 WNPXDT2 WNPXDT3 WPGDDT WSMVDT2	42.3 23 23.2 23.3 7 7 7.2 7.3 20 20.2 20.2 20.3 33 10 10.2	N I I-M I E-M E-M I I I I I I I N N	Nashville, TN
	WLLCLD3 WNABDT WNABDT2 WNABDT3 WNPTDT WNPTDT2 WNPTDT3 WNPXDT3 WNPXDT2 WNPXDT3 WNPXDT3 WNPXDT3 WNPXDT3	42.3 23 23.2 23.3 7 7 7.2 7.3 20 20.2 20.2 20.3 33 10	N I I-M I E-M E-M I I I I I I N	Nashville, TN Nashville, TN
	WLLCLD3 WNABDT WNABDT2 WNABDT3 WNPTDT WNPTDT2 WNPTDT3 WNPXDT2 WNPXDT2 WNPXDT2 WNPXDT3 WPGDDT WSMVDT2 WSMVDT2 WSMVDT2	42.3 23 23.2 23.3 7 7 7.2 7.3 20 20.2 20.3 33 10 10.2 10.3	N I I-M I E E-M I I I I I I I N N N	Nashville, TN

ounting Period:	: 2018/2			FORM SA1-2E. PA					
Nome	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM					
Name	Google Fiber Tennes	see, LLC		63					
	PRIMARY TRANSMITTERS:	TELEVISION							
~	In General: In space G, id	entify every television station (including	translator stations and low power tel	levision stations)					
G		em during the accounting period, except							
	FCC rules and regulations	in effect on June 24, 1981, permitting the	he carriage of certain network progra	ms [sections					
Primary		(e)(2) and (4), or 76.63 (referring to 76.6	61(e)(2) and (4))]; and (2) certain stat	ions carried on a					
ransmitters:	1 0 /	as explained in the next paragraph.		-11					
Television		s: With respect to any distant stations carules, regulations, or authorizations:	arried by your cable system on a suc	stitute program					
		re in space G—but do list it in space I (ti	he Special Statement and Program L	og)—if the					
	station was carried only or								
		also in space I, if the station was carried	d both on a substitute basis and also	on some other					
	basis. For further information	on concerning substitute basis stations,	, see page (v) of the general instructi	ons.					
	Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each								
		multicast stream associated with a station according to its over-the-air designation. For example, report multistream							
	"WETA-2" as the same on the form.								
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community								
	of license. For example, WRC is channel 4 in Washington, D.C.								
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"								
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.								
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the								
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WUXPDT	21		Nashville, TN					
	WUXPDT2	21.2	I-M	Nashville, TN					
	WUXPDT2 WUXPDT3	21.2 21.3	I-M I-M	Nashville, TN Nashville, TN					
	WUXPDT3	21.3	I-M	Nashville, TN					

EGAL NAME OF								SYSTEM 636
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing	y the sys be receint the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during co ge (v) of the g	ertain st ertain st eneral in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the			0.0		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Google Fiber Tenness	ee, LLC						63655
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
	In General: In space I, ident	tifv everv no	onnetwork telev	ision program. broadcast b	/ a <i>distant</i> sta	tion. that vo	ur cable svs	stem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	ust be included	in this log, see page (v) of t	he general in	structions in	the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	During the accounting per	riod, did yo	ur cable syste	m carry, on a substitute ba	isis, any noni	network tele	evision prog	Iram
Statement and Program Log	broadcast by a distant sta						YES	× NO
r rogram Log	,				«\/ "		-	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer I	s "Yes," you i	must compi	ete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ato lino. Lico abbroviation	s whorovor p	occiblo if th	oir moonin	a is
	clear. If you need more spa				s wherever p	ussible, il li		y is
				vision program ("substitute	e program") t	hat, during	the accoun	ting
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
			adcast live, ent	er "Yes." Otherwise enter	"No."			
	1 0		,	asting the substitute prog				
			、	the community to which th		,	he FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		/ wnen your sy	stem carried the substitute	e program. U	se numerai	s, with the r	nonth
			e substitute pr	ogram was carried by you	r cable svste	m. List the	times accur	atelv
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."	"D"						
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976		, ,			J J		
	,	•						
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC		7. REASON FOR DELETION
		UBSTITUT	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCCI 6. T	JRRED	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCCI 6. T	JRRED IMES	

Accounting Period:	2018/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
Name	Google Fiber Tennessee, LLC			63655
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amoral amounts (gross receipts) paid to your cable system by subscribers for the system's so (as identified in space E) during the accounting period. For a further explanation of how 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.	econdary transm to compute this a	ission service	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more informatio	an \$527,600	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 accounting period is \$52.00	you must pay for	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 lines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	ore than \$137,1	00)	
	1. Base amount under statutory formula	263,800.00	_	
	2. Enter amount of gross receipts from space K \$	191,400.00		
	3. Subtract line 2 from line 1	72,400.00	-	
	4. Enter the amount of gross receipts from space K	. \$	- 191,400.00	
	5. Enter the amount from line 3		72,400.00	
	6. Subtract line 5 from line 4	\$	119,000.00	
	7. Multiply line 6 by .005 (enter figure here)		\$	595.00
	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		\$	595.00
	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 S			
	3. Subtract line 2 from line 1		-	
	4. Multiply line 3 by .01		4 240 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			
	6. Interest charge. Enter the amount from line 4, space Q, page 8			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			<u> </u>
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	595.00	
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		\$	615.00
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo			hts!

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: Fennessee, LLC				SYSTEM ID# 63655
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of s, and (2) the cable system's to I number of channels on which television broadcast stations . I number of activated channels able system carried television b ast services	tal number of active the cable	vated channels during the a	accounting period.	30
N Individual to Be Contacted		BE CONTACTED IF FURTHE about this statement of account		N IS NEEDED (Identify an i	ndividual to whom	
for Further	Name	XiXi Tian			Telephon	e (650) 253-0000
Information	Address	1600 Amphitheatre Pa (Number, street, rural route, apartm Mountain View, CA 9 (City, town, state, zip)	ent, or suite number)			
	Email	access-compliar	nce@google.com	1	Fax (optional)	
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	(This statement of account mu ed, hereby certify that (Check or er other than corporation or pa t of owner other than corporat line 1 of space B and that the ov er or partner) I am an officer (if line 1 of space B. d the statement of account and F e, and correct to the best of my on 1001(1986)]	ne, <i>but only one</i> , of artnership) I am th tion or partnershi wner is not a corpor f a corporation) or a nereby declare und	the boxes.) e owner of the cable system p) I am the duly authorized a ration or partnership; or a partner (if a partnership) of er penalty of law that all sta	as identified in line 1 of space agent of the owner of the cabl f the legal entity identified as o tements of fact contained here	e B; or e system as identified owner of the cable system
		Typed or printed Title:	Enter an electronic Enter signature usir name: Fleur Manager - Go	ur Knowsley signature on the line above t 1g an "/s/ signature" (e.g., /s, Knowsley ogle Fiber Tenness	/ John Smith)	_
		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 fing, a determination that would be made by a court of law.

ounting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ogle Fiber Tennessee, LLC	6365
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 s scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	sub- Special Statement
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 transmission made by satellite carriers to satellite dish owners?	ns
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form	
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line O. Multink, line 4 has the intersect and a star the same have	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	days
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	 days
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x 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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance pleat contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
Line 3 Multiply line 2 by the number of days late and enter the sum here	ase
Line 3 Multiply line 2 by the number of days late and enter the sum here x Line 3 Multiply line 2 by the number of days late and enter the sum here x x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x 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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance pleat contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ase
Line 3 Multiply line 2 by the number of days late and enter the sum here	ase
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Line 3 Multiply line 2 by the number of days late and enter the sum here x	ase

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