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

1

Return completed workbook

STATEME	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
		nsmissions by	DATE RECEIVED	AMOUNT	
Cable System General instruct in the first tab of	ctions	are located	02/08/2019	\$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	2018/2	BY THIS STATEMENT: (Y) Period 1 = January 1 - June 30	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period			Barcode Data Filing Period (optiona	I - see instructions)	
B Owner		of the subsidiary, not that of the parent co List any other name or names under which	prporation. In the owner conducts the business of t accounting period, only the owner on t re payment covering the entire accoun g. If not, enter the system's ID number <b>3 ADDRESS OF CABLE SYSTEM</b>	the last day of the accounting period should ting period. assigned by the Licensing Division.	
		MAILING ADDRESS OF OWNER OF PO Box 385 Number, street, rural route, apartment, or suite n Dobson, NC 27017 (City, town, state, zip)			
С				ntify the business and operation of th e system, if different from the addres	
System		IDENTIFICATION OF CABLE SYSTEM:			
•	1				
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Surry Telecommunications, Inc	63685
	Instructions: List each separate community served by the cable system. A "commur	
D	"a separate and distinct community or municipal entity (including unincorporated co	
0	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	ist will serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Elkin	NC
Community	Pilot Mountain	NC
	Mount Airy	NC
d Rows as Necessary	Pinnacle	NC
	Dobson	NC
	Westfield	NC

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					545	TEM II 636
	Surry Telecommunicati	ons, Inc							030
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND RA	TES				
E	In General: The information in s	-		-		•			
Cocondom	system, that is, the retransmission about other services (including particular services)								
Secondary Transmission	last day of the accounting period	, , ,	,		,		linose exis	ang on the	
Service: Sub-	Number of Subscribers: Both	•				,	ble system	ı, broken	
scribers and	down by categories of secondar	•				•			
Rates	each category by counting the n					•		s charged	
	separately for the particular serv Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				-				
	Block 1: In the left-hand block			-		-			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			0		0			
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					convice that ar	difforant f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.						DI OOI	( )	
	BLC	OCK 1 NO. OF					BLOCK	NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		2,330	17.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATES	5				
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	•			•		0.	·	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		ha aahl		ah af tha	annliachta ann i	ana lintad		
ransmissions: Rates	Block 1: Give the standard rate Block 2: List any services that							were not	
	listed in block 1 and for which a				0	•	•		
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-resi	dential				
	• Pay cable			tel, hotel					
	Pay cable—add'l channel		_	nmercial					
	Fire protection     Purglar protection		,	/ cable / cable add'l ch	annal				
	•Burglar protection Installation: Residential		,	<pre>v cable-add'l ch protection</pre>	aillel				
	• First set			glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		25.00			
	Converter			connect		_0.00			
				let relocation		50.00			
			• Mo	ve to new addre	ess				

	LEGAL NAME OF OWNER O			SYSTEM
Name	Surry Telecommunic			63
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Television	In General: In space G, id. carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter	lentify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. <b>s:</b> With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form. nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. h case whether the station is a network tering the letter "N" (for network), "N-M" (	t (1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a such the Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep	time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each poort multistream er the air in its community a noncommercial pendent), "I-M"
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	), "E" (for noncommercial educational), c terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	actions in the paper SA1-2 form. the community to which the station he community with which the statio	n is licensed by the on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WLXI	61	<b>I</b>	Greensboro
	WCWG	20	<b>I</b>	Lexington
Rows as Necessary	WCWG - HD	20.1	I-M	Lexington
	WUNL	26	E	Winston Salem
	WUNL - HD	26-1	E-M	Winston Salem
	WFMY	2	N	Greensboro
	WFMY - HD	2.1	N-M	Greensboro
	TJN	2.2	N-M	Greensboro
	WXLV	45	Ν	Winston Salem
	WXLV - HD	45.1	N-M	Winston Salem
	STDM	45.2	N-M	Winston Salem
	CHARG	45.3	N-M	Winston Salem
	TBDTV	45.4	N-M	Winston Salem
	WMYV	48	I	Greensboro
	WMYV - HD	48.1	I-M	Greensboro
	GETTV	48.2	I-M	Greensboro
	COMET	48.3	I-M	Greensboro
	COMET WXII	48.3 12	I-M N	Greensboro Winston Salem
	WXII	12	N	Winston Salem
	WXII WXII - HD	12 12.1	N N-M	Winston Salem Winston Salem
	WXII WXII - HD METV	12 12.1 12.2	N N-M N-M	Winston Salem Winston Salem Winston Salem

LEGAL NAME OF								SYSTEM   636
	every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
eceivable if (1) on the basis of it For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried b monitoring, to prmation abourm. Intertify the call tate whether the the radio stat this by placing vive the station	y the sys be recei at the Co I sign of e the static ion's sign g a chech n's locatio	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 k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see par ed by the cable s he station is licens	adend, and (2 enna, during ce ge (v) of the g ystem as a se sed by the FC0	) it can ertain st eneral in parate a	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	7 01 1 111	0,0			7 0. 1	0,2		

Accounting Perio	od: 2018/2					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Surry Telecommunica	tions, Inc	;				63685
	SUBSTITUTE CARRIAG				G		
I		-	-			4	
I I	In General: In space I, ident substitute basis during the a						
Cubatituta	explanation of the programm						
Substitute Carriage:					ne general in		
Special	1. SPECIAL STATEMEN	-					
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network television p	orogram
Program Log	broadcast by a distant sta	tion?				YE	s × NO
	NI-1-15 (A)				"X "		
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you i	must complete the	program
	log in block 2.						
	2. LOG OF SUBSTITUTI						
	In General: List each subs				s wherever p	ossible, if their mea	ining is
	clear. If you need more spa						
				vision program ("substitute			
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor	guiations, o	or authorization	ns. See page (v) of the ge	neral instruct	ions for further info	rmation.
	"NBA Basketball: 76ers vs.		JVIES OF DASK	elball. List specific progra		example, i Love Lu	icy of
			dcast live. ent	er "Yes." Otherwise enter '	"No."		
				asting the substitute progr			
				the community to which th		censed by the FCC	or, in
	the case of Mexican or Car						
			when your sy	stem carried the substitute	e program. U	se numerals, with t	he month
	first. Example: for May 7 gi						
				ogram was carried by you			
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m. should	be
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	n was substituted for prog	ramming that	t vour system was	required
	to delete under FCC rules						
	was substituted for program						
	effect on October 19, 1976		, ,				
						N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM		CARRI	AGE OCCURRED	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — T	0
						-	
						_	
						_	
						_	
						-	
			1				

Accounting Period:	2018/2	FORM SA1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Surry Telecommunications, Inc	63685
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion service mount, se
	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	53,80(
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00	six-month
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	)
	1. Base amount under statutory formula         \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 250,905.00	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 250	0,905.00
	5. Enter the amount from line 3	2,895.00
	6. Subtract line 5 from line 4	3,010.00
	7. Multiply line 6 by .005 (enter figure here)	1,190.05
	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	1,190.05
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60	0)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,190.05
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	1,210.05
	EFT Trace # or TRANSACTION ID # 26F9SOLJ	
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Surry Telecommunications, Inc	SYSTEM ID# 63685
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations .         2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services .	28 377
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Marlee Bunker Telephone	336-374-4563
	Address 819 E. Atkins St. (Number, street, rural route, apartment, or suite number) Dobson, NC 27017 (City, town, state, zip) Email bunkerm@surrytel.com Fax (optional) 336-374-5082	2
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow  (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.  (B U.S.C., Section 1001(1986))  (I we construct the duly authorized agent or the line above to certify this statement. Enter an electronic signature on the line above to certify this statement. Enter signa	system as identified ner of the cable system
	Date: 02/08/2019	

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ounting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ry Telecommunications, Inc	6368
<ul> <li>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."     </li> <li>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.</li> <li>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?     </li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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