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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	07/26/2019	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
		ALLOCATION NOMBER	
			1

A	ACCO	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 Period			
В		<b>Instructions:</b> 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	
		Piedmont Cable Services, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	_
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 385 (Number, street, rural route, apartment, or suite number)	
		Dobson, NC 27017 (City, town, state, zip)	
С		<b>UCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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)	
		(City, town, state, zip code)	
•			-

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Piedmont Cable Services, Inc.	32707
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	le home parks should be reported in parentheses below the
First	CITY OR TOWN Churchland	STATE NC
Community	Tyro	NC
	Lexington	NC
Add Rows as Necessary	Reeds	NC
	การและการการการการการการการการการการการการการก	
	การและการการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM					FORM SA1	TEM IC
Name	Piedmont Cable Service						010	3270
		5, 110.						
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv	pace E should c on of television a bay cable) in spa I (June 30 or De n blocks in space y transmission s umber of billings ice at the rate in	over all categories of and radio broadcasts ice F, not here. All the cember 31, as the ca e E call for the numbe ervice. In general, yo s in that category (the dicated—not the num	secondary by your sy e facts you se may be er of subsc u can com number of nber of set	stem to subscrit state must be t b). ribers to the cat pute the numbe f persons or org s receiving servi	bers. Give i hose existi ble system, r of subscr anizations ice).	information ng on the broken ibers in charged	
	Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	. (Example: "\$20 counts allowed fo in space E, the to their subscri	0/mth"). Summarize a or advance payment. form lists the catego bers. Give the numbe	ny standar ries of seco er of subsc	rd rate variations ondary transmis ribers and rate f	s within a p sion servic for each lis	e that cable ted category	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be count able service to ac once again unde has rate categor iers of services t	ed as a subscriber in dditional sets would b r "Service to addition ries for secondary tra that include one or m	each appl e included al set(s)." nsmission ore second	icable category. I in the count un service that are dary transmissio	Example: der "Servic different fr ns), list the	a residential te to the om those em, together	
	BLO	DCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set	2	,462 14.95					
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>							
	Motel, hotel							
	Commercial							
	Converter     Residential							
	Non-residential							
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	te (not subscribe hose services the re two exception or facilities furnis hit in which it is u rate column. te charged by the soparate charge	er) information with re- lat are not offered in s: you do not need to shed to nonsubscribe isually billed. If any ra- e cable system for ea em furnished or offer was made or establi	spect to al combinatio give rate i ers. Rate in ates are ch ach of the a ed during t	n with any seco information cond formation shoul arged on a varia applicable servic the accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services ooth the ogram basis, were not	
		BLOC					BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:		CATEGORY OF SER nstallation: Non-res		RATE	CATEG	ORY OF SERVICE	RAT
	Pay cable		Motel, hotel	aonnai				
	• Pay cable—add'l channel		Commercial					
	Fire protection		Pay cable					
	<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l cl	nannel				
	<b>U</b>							
	Installation: Residential		Fire protection     Burglar protection					
	Installation: Residential • First set		Burglar protection					
	Installation: Residential • First set • Additional set(s)		•		25.00			
	Installation: Residential • First set		• Burglar protection Other services:		25.00			

ting Period: 2	-			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF Piedmont Cable Serv			3270
	PRIMARY TRANSMITTERS:	•		
G rimary ismitters: levision	carried by your cable syste FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the channe of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast), For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progra arried by your cable system on a su he Special Statement and Program d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial education at the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WLXI	60	I	Greensboro
	WCWG	20	I	Lexington
Necessary	WCWG-HD	20.1	I-M	Lexington
	WUNL	26	E	Winston Salem
	WUNL-HD	26-1	E-M	Winston Salem
	WFMY	2	Ν	Greensboro
	WFMY-HD	2.1	N-M	Greensboro
	WXLV	45	Ν	Winston Salem
	WXLV-HD	45.1	N-M	Winston Salem
	WMYV	48	l	Greensboro
	WMYV-HD	48.1	I-M	Greensboro
	WXII	12	Ν	Winston Salem
	WXII-HD	12.1	N-M	Winston Salem
	WGPX	16	I	Greensboro
	WGPX-HD	16.1	I-M	Greensboro
		8	I	High Point
	WGHP	0		
	WGHP WGHP-HD		I-M	
		8.1	I-M	High Point
			I-M	

EGAL NAME OF Piedmont Ca								SYSTEM II 327
RIMARY TRA		RADIO						
n General: List	every radio s	station ca	nrried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) n the basis of i or detailed info aper SA1-2 for	it is carried by monitoring, to prmation abou m.	y the sys be recei t the Cc	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried.	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 2: S Column 3: If ignal, indicate	tate whether t the radio stat this by placing	the static ion's sign g a check	on is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which th					
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
Nome	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
Name	Piedmont Cable Servio	ces, Inc.						32707
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or author	izations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the pa	per SA1-	2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	<ul> <li>During the accounting per</li> </ul>	•	r cable system	carry, on a substitute basi	s, any nonnet	twork television	program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete the	e progran	า
	log in block 2.			·	•			
	2. LOG OF SUBSTITUT	E PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their me	eaning is	
	clear. If you need more spa				araaram") tha	t during the ea	oounting	
	period, was broadcast by a			sion program ("substitute p ur cable system substituted				ion
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further inf	ormation	
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love L	ucy" or	
	"NBA Basketball: 76ers vs.		least live onto	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	Column 4: Give the broa	adcast static	on's location (th	e community to which the	station is lice		C or, in	
	the case of Mexican or Can						41	41-
	first. Example: for May 7 give		when your sys	tem carried the substitute p	program. Use	numerals, with	the mon	th
			e substitute pro	gram was carried by your o	cable system.	List the times a	accuratel	v
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."	"D" :6 4h	l'ata di ana ana an					-1
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							411
	effect on October 19, 1976.					0		
					WHE	N SUBSTITU	F	
	S	UBSTITUT	E PROGRAM	l		AGE OCCURI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	S TO	DELETION
						_		

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	Piedmont Cable Services, Inc.		32707
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amounts (will be determined 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.	on service ount, see	,826.45 s receipts)
_	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 \$263,</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00	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 more than \$137,100)		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K \$ 220,826.45		
	3. Subtract line 2 from line 1		
		,826.45	
		,973.55	
		,852.90	
	7. Multiply line 6 by .005 (enter figure here)		889.26
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		889.26
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600	0)	
	1. Enter the amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
		,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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	889.26	
	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		909.26
	EFT Trace # or TRANSACTION ID # 26J2PSQU		
	Important: 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:	2019/1		FORM SA1-2E. PAGE 7
Name		FOWNER OF CABLE SYSTEM: ble Services, Inc.	SYSTEM ID# 32707
<b>M</b> Channels	<ul><li>to its subscribe</li><li>1. Enter the to system carrie</li><li>2. Enter the to on which the</li></ul>	You must give (1) the number of channels on which the cable system carried tele ers, and (2) the cable system's total number of activated channels during the acco tal number of channels on which the cable ed television broadcast stations	punting period.
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an indiv t about this statement of account.)	ridual to whom
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
O Certification	I, the undersig     (Ow     (Age     X     (Off     I have examin are true, complete	N (This statement of account must be certified and signed in accordance with Cop ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) her other than corporation or partnership) I am the owner of the cable system as id ant of owner other than corporation or partnership) I am the duly authorized agent in line 1 of space B and that the owner is not a corporation or partnership; or icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the le in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statement ete, and correct to the best of my knowledge, information, and belief, and are made in tion 1001(1986)] $\underbrace{X  /s/Amy R. Hanson}_{Enter an electronic signature on the line above to cert Enter signature using an "/s/ signature" (e.g., /s/ John Typed or printed name: Amy R. Hanson$	dentified in line 1 of space B; or of the owner of the cable system as identified egal entity identified as owner of the cable system hts of fact contained herein good faith.
		Title: Chief Operating Officer	
		(Title of official position held in corporation or partnership)	

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inting Period: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
mont Cable Services, Inc.	327
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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> </ul> </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>NO</li> </ul>	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
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 Assessme
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