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 OFFI	CE USE ONLY AMOUNT					
	AMOUNT					
DATE RECEIVED AMOUNT						
08/05/2019	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

	1						
A	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		20191 Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
		Instructions:					
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.					
Owner		List any other name or names under which the owner conducts the business of the cable system.					
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.						
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
		TRUVISTA COMMUNICATIONS OF GEORGIA LLC					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		P.O. BOX 160 (Number, street, rural route, apartment, or suite number)					
		CHESTER, SC 29706					
		(City, town, state, zip)					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System	_	IDENTIFICATION OF CABLE SYSTEM:					
	1	TRUVISTA					
		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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2013/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TRUVISTA COMMUNICATIONS OF GEORGIA LLC	37806
	Instructions: List each separate community served by the cable system. A "col	
D	"a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or municipal entity.	ated communities within unincorporated areas and including single, tyou list will serve as a form of system identification hereafter knownings.
Area Served	identified city.	iobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	TOCCOA	GA
Community	TOCCOA FALLS	GA
	LAVONIA	
Add Rows as Necessary	ROYSTON	GA
	STEPHENS COUNTY	GA

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 37806

TRUVISTA COMMUNICATIONS OF GEORGIA LLC

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	2,156	38.99				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel	890	14.88				
Commercial						
Converter						
Residential						
Non-residential						
					İ	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	12.99	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	39.99	Burglar protection			
 Additional set(s) 	19.99	Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	95.00		
		Move to new address	49.99		

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

TRUVISTA COMMUNICATIONS OF GEORGIA LLC

SYSTEM ID# 37806

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAGA	27	l	ATLANTA, GA
WAGA HD	27.1	I-M	ATLANTA, GA
WGCL	19	N	ATLANTA, GA
WGTV	7	E	ATHENS, GA
WGTV HD	7.1	E-M	ATHENS, GA
WMYA	35	<u>l</u>	ANDERSON, SC
WMYA-MYTV	35.1	<u> </u>	ANDERSON, SC
WPCH	31	<u>l</u>	ATLANTA, GA
WSB	32	N	ATLANTA, GA
WSB HD	32.1	N-M	ATLANTA, GA
WYFF	30	N	GREENVILLE, SC
WYFF HD	30.1	N-M	GREENVILLE, SC
WYFF-METV	30.2	I-M	GREENVILLE, SC
WSB-RETRO TV	32.2	I-M	ATLANTA, GA
WGGS	2	<u> </u>	GREENVILLE, SC
WHNS	17	<u>l</u>	GREENVILLE, SC
WHNS HD	17.1	I-M	GREENVILLE, SC
WHNS	17.2	I-M	GREENVILLE, SC
WLOS	13	N	ASHVILLE, NC
WSPA	11	N	SPARTANBURG, SC
WSPA HD	11.1	N	SPARTANBURG, SC
WYCW	11	<u>l</u>	ASHVILLE, NC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PRIMARY TRANSMITTERS: RADIO

SYSTEM ID#

37806

TRUVISTA COMMUNICATIONS OF GEORGIA LLC

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
	 						
	 						
	 						
	 						
	 						
							
							
	T						
						l	
	T						
	T						
						<u> </u>	

Accounting Perio	nd· 2019/1					FOI	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF TRUVISTA COMMUNI			ila LLC			SYSTEM ID# 37806
Substitute Carriage: Special Statement and Program Log		tify every no accounting prining that mu T CONCEI riod, did you ation? T', leave the stitute prograce, please of every no	eriod, under spist be included RNING SUBS ur cable system e rest of this pa AMS am on a separadd additional connetwork tele	ision program, broadcast by becific present and former F in this log, see page (v) of the triangle of triangle	y a distant sta FCC rules, reg the general in asis, any noni s "Yes," you s wherever p e program") t	nulations, or authorizations in the paper network television pro YES must complete the pro ossible, if their meaning the account in the property of the proper	gram NO Nogram ng is
	period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "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 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately 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 "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.						ation. " or ", in month trately e
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		1 1	N SUBSTITUTE AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM — TO	

Accounting Period:	2019/1			FORM S	SA1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA LLC			(37806			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file at all amounts (gross receipts) paid to your cable system by subscribers for the same (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 on of how to	condary transmi o compute this a	ssion service amount, see				
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 than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper \$A1-2 form for more information.							
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	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	his 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	!	- <u>-</u>				
	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					
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	4. 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 \$26	3,800 (but	less than \$527,	600)				
	Enter the amount of gross receipts from space K	\$	504,374.64					
	2. Base amount under statutory formula	\$	263,800.00					
	3. Subtract line 2 from line 1	\$	240,574.64					
	4. Multiply line 3 by .01		\$	2,405.75				
	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 .		\$	3,724.75			
	FILING FEE AND TOTAL REMITTANCE DU	JE						
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,724.75				
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			\$	3,744.75			
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		ghts!			

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA LLC	SYSTEM ID# 37806
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.	
	Enter the total number of channels on which the cable system carried television broadcast stations	22
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	108
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name AUTUMN CASTLES Telephone	803-581-9148
	Address P.O. BOX 160 (Number, street, rural route, apartment, or suite number) CHESTER, SC 29706 (City, town, state, zip)	
	Email ACASTLES@TRUVISTA.BIZ Fax (optional)	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O 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 in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B.	rner of the cable system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir 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)]	n
	X /s/ Allison A Jakubecy	
	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: Allison A. Jakubecy	
	Title: Senior VP - Sales & Marketing (Title of official position held in corporation or partnership)	
	Date: 7-31-19	

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counting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
RUVISTA COMMUNICATIONS OF GEORGIA LLC	37806
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 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
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	<u>-</u>
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 \$	<u>-</u>
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served Accounting period	annunun
Accounting period	

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