This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
AMOUNT							
\$							
ALLOCATION NUMBER							

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		PLANT TIFTNET INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 187
		(Number, street, rural route, apartment, or suite number) TIFTON, GA 31793-0187
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
- Tunio	PLANT TIFTNET INC	622
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	st will serve as a form of system identification hereafter kno
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	TIFTON	GA
Community	TIFT COUNTY	GA
Rows as Necessary		

Accounting Period: 2019/1

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

PLANT TIFTNET INC

SYSTEM ID# 62208

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		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	2,232	27.95	EXPANDED	2,065	76.95
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential	1,041	6.95			
Non-residential					
1	T	T		1	

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	EGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	27.95	Motel, hotel		STARZ	16.95
 Pay cable—add'l channel 		Commercial	99.00	НВО	18.95
 Fire protection 		Pay cable		MULTIMAX	12.95
 Burglar protection 		Pay cable-add'l channel		SHOWTIME	15.95
Installation: Residential		Fire protection			
 First set 	39.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	39.00		
 Converter 	6.95	Disconnect			
		Outlet relocation	39.00		
		Move to new address	39.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 62208

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

PLANT TIFTNET INC

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
WALB-NBC	10.1	N-M	ALBANY, GA
WALB-ABC	10.2	N-M	ALBANY, GA
WALB-CW	10.3	N-M	ALBANY, GA
W30DW-D	30	l	TIFTON, GA
W38DG	51	1	TIFTON, GA
WABW	DT-6	l	PELHAM, GA
wswg	31.1	N	ALBANY, GA
WSWG-WSST	31.2	N-M	ALBANY, GA
WSWG-MYNET	31.3	N-M	ALBANY, GA
WFXL-FOX	12	N-M	ALBANY, GA
WFXL-TBD	12.2	N-M	ALBANY, GA
WFXL-CHARGE	12.3	N-M	ALBANY, GA
WFXL-COMET	12.4	N-M	ALBANY, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

PLANT TIFTNET INC

62208

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 	 					
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A	d. 2010/1							NA 044 0E DA 0E E
Accounting Perio	LEGAL NAME OF OWNER OF	CARLE SYS	TEM:				FUR	SYSTEM ID#
Name	PLANT TIFTNET INC							62208
Substitute Carriage: Special Statement and Program Log	PLANT TIFTNET INC SUBSTITUTE CARRIAGE In General: In space I, identification in the programming of the prog	fy every nor cocounting pering that must recounting pering that must recount for the first recount for the fir	nnetwork televiseriod, under spets the included in the include	sion program, broadcast to ecific present and former for this log, see page (v) of the program, on a substitute base le blank. If your answer is the line. Use abbreviation rows to the tables. It is is program ("substitute as See page (v) of the gestball." List specific program "Yes." Otherwise enter asting the substitute program to community with which the community with which the tem carried the substitute gram was carried by you was substituted for program was substituted	by a distant star CC rules, regular he general instants asis, any nonness "Yes," you must be program") that ded for the progneral instruction am titles, for example, e station is lice as the station is ide to a program. Use reable system 1:15 p.m. to 6:2 ramming that years.	lations, or au ructions in the ructions for further ructions for further ructions, "I Lowensed by the numerals, "I List the time 28:30 p.m. sleptons for system	was requires withorizations. e paper SA1 sion program YES e the program r meaning is e accounting another sta er information ve Lucy" or e FCC or, in with the months accounted the saccurate thould be was require	em carried on a For a further -2 form. NO m X NO m S dition n.
	was substituted for program effect on October 19, 1976. S 1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN		WHI CARR 5. MONTH	EN SUBSTI	TUTE	7. REASON FOR DELETION

Accounting Period:	2019/1			FORM S	A1-2E. PAGE 6				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PLANT TIFTNET INC			(SYSTEM ID# 62208				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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 in	system's sion of how	econdary trans to compute this	mission servi s amount, see \$ 38	ce				
Copyright Royalty Fee									
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	ou must pay for	this six-month	l				
	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 LES	SS (but mo	re than \$137,	100)					
	Base amount under statutory formula	\$	263,800.00						
	Enter amount of gross receipts from space K								
	3. Subtract line 2 from line 1								
	Enter the amount of gross receipts from space K	· · · · · · · · · · · · · · · · · · ·							
	5. Enter the amount from line 3	· · · · · · · · · .							
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8								
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but I	ess than \$527	7,600)					
	Enter the amount of gross receipts from space K	\$	384,256.60						
	Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	120,456.60						
	4. Multiply line 3 by .01		\$	1,204.57					
	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		\$	2,523.57				
	FILING FEE AND TOTAL REMITTANCE DU	E							
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	·····.	\$	2,523.57					
Due	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			\$	2,543.57				
1	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		ghts!				

Accounting Period:	2019/1			FORM	/I SA1-2E. PAGE 7
Name	PLANT TIFTNET IN	ER OF CABLE SYSTEM:			SYSTEM ID# 62208
M Channels	to its subscribers, and 1. Enter the total num system carried telev 2. Enter the total num on which the cable	d (2) the cable system's total nber of channels on which the vision broadcast stations			
N Individual to Be Contacted		CONTACTED IF FURTHER t this statement of account.)	INFORMATION IS NEEDED (Identify an individual to wh	nom	
for Further Information	Name W	ALTER WYNDROSKI		Telephone 229.382.3003	
	(Nu	D BOX 187 mber, street, rural route, apartment	·		
		FTON, GA 31793-0187 y, town, state, zip)			
	Email	walt@friendlycity.net	Fax (option	nal) 229.528.6888	
O Certification	·	s statement of account must be statement of account must be ereby certify that (Check one, b	oe certified and signed in accordance with Copyright Office of the boxes.)	ce regulations)	
	(Agent of c	owner other than corporation	or partnership) I am the owner of the cable system as identified in I or partnership) I am the duly authorized agent of the owner is not a corporation or partnership; or		
	X (Officer or		orporation) or a partner (if a partnership) of the legal entity in	dentified as owner of the cable system	
		d correct to the best of my know	by declare under penalty of law that all statements of fact co wledge, information, and belief, and are made in good faith.	ontained herein	
		Ent	X /s/Gordon Duff ter an electronic signature on the line above to certify this stater signature using an "/s/ signature" (e.g., /s/ John Smith)	tement.	
		Typed or printed nar	me: GORDON DUFF		
			CE PRESIDENT I position held in corporation or partnership)		
		Date:	8/29/2	019	

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counting Period: 2019/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
LANT TIFTNET INC	62208
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
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 Assessment
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	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
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	_
* 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	

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