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
DATE RECEIVED	AMOUNT
	\$
02/28/2020	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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20192 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
	<u> </u>	
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
		TRUVISTA COMMUNICATIONS OF GEORGIA
		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)
		icity, town, state, zp)
С		RUCTIONS: 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		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:	2013/2	FORM SA1-2E. PAGE 1b.
_	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TRUVISTA COMMUNICATIONS OF GEORGIA	37920
	Instructions: List each separate community served by the cable system. A "c	
D	"a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known lings.
Area Served	identified city.	mobile nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	CLAYTON	GA
Community	DILLARD	GA
	RABUN COUNTY	GA
Add Rows as Necessary	TIGER	GA
	MOUNTAIN CITY	GA

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37920

TRUVISTA COMMUNICATIONS OF GEORGIA

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	1,061	38.99			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel	890				
Commercial					
Converter					
Residential					
Non-residential					

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.

	BLO	CK 1		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: 2019/2 FORM SA1-2E. PAGE 3.

Name

TRUVISTA COMMUNICATIONS OF GEORGIA

SYSTEM ID# 37920

PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

G

Primary Transmitters: Television 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	<u> </u>	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	l	ATHENS, GA
WPCH	31		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-THIS TV	30.2	I-M	GREENVILLE, SC
WSB-BOUNCE	32.2	I-M	ATLANTA, GA
WSPA	7	N	SPARTANBURG, SC
WATL	25	l	ATLANTA, GA
WXIA	11	N	ATLANTA, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

TRUVISTA COMMUNICATIONS OF GEORGIA

37920

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).

0411 010::		0/0		T 0411 01011	l	0.10	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 					
		 					
		 					
		 					
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Accounting Perio	nd: 2019/2						EODI	M SA1-2E DAGE 5
accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	M SA1-2E. PAGE 5. SYSTEM ID#
Name	TRUVISTA COMMUNIC			IA				37920
Substitute	SUBSTITUTE CARRIAGING General: In space I, identification of the programmer substitute basis during the a explanation of the programmer.	ify every no accounting p ning that mu	nnetwork televi eriod, under sp est be included i	ision program, broadcast by ecific present and former F in this log, see page (v) of t	<i>i</i> a <i>distant</i> sta CC rules, reg	ulations, d	or authorizatio	ns. For a further
Carriage: Special Statement and	1. SPECIAL STATEMENDuring the accounting per				sis, any nonr	network te	e <u>levisi</u> on prog	r <u>am</u>
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No log in block 2.	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	must com	plete the proo	_j ram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	ace, please of every not distant state gulations, or lies like "mo Bulls." m was broat sign of the adcast statination than day eve "5/7." es when the Example: The "R" if the land regulation ming that	add additional onnetwork televition and that your authorization ovies" or "bask dcast live, enterstation broadcon's location (toons, if any, the when your system of the substitute program carrelisted program carrelisted program ions in effect d	rows to the tables. vision program ("substitute our cable system substitute our cable system substitute ins. See page (v) of the ge etball." List specific program asting the substitute program was carried by you ried by a system from 6:01 in was substituted for proguring the accounting period.	e program") the dofor the program titles, for each of the program. 'No." ram. e station is lide program. Use program. Use program. to 6 r cable system of the program o	hat, durin ogrammir ions for fu example, censed by entified). se numer m. List the 5:28:30 p. t your sys letter "P" i	g the accounting of another urther informa "I Love Lucy" y the FCC or, als, with the retimes accurm. should be tem was requif the listed pr	ting station stion. or in month ately
	effect on October 19, 1976	•			WHE	N SUBS	TITUTE	
	S	UBSTITUT	E PROGRAM				CURRED	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. FROM	TIMES TO	DELETION
		 						"
		 						"
		 						"
								"
								"
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counting Period:	·				SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA			,	SYSTEM II 3792
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file 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 explana page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	system's	secondary transr	nission service	
	during the accounting period			-	48,210.34 gross receipts)
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less	than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	alty fee tha	at you must pay fo	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 an	nd 2	••	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LI	ESS (but	more than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00	_	
	2. Enter amount of gross receipts from space K	\$	248,210.34	_	
	3. Subtract line 2 from line 1	\$	15,589.66	=	
	4. Enter the amount of gross receipts from space K		\$	248,210.34	-
	5. Enter the amount from line 3		\$	15,589.66	_
	6. Subtract line 5 from line 4		\$	232,620.68	_
	7. Multiply line 6 by .005 (enter figure here)			\$	1,163.10
	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 .		\$	1,163.10
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	63,800 (b	out less than \$527	7,600)	
	Enter the amount of gross receipts from space K			_	
	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		<u></u>	0.00	_
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and	6		
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and			•	4 400 40	
otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		<u></u>	1,163.10	=
Duo	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.			\$	1,183.10

Accounting Period:	: 2019/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TRUVISTA COMMUNICATIONS OF GEORGIA	SYSTEM ID# 37920
M	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.	
Chamicis	Enter the total number of channels on which the cable system carried television broadcast stations	16
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	91
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)	
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, 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 system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system. 	
	in line 1 of space B. • 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. [18 U.S.C., Section 1001(1986)]	
	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: Timothy A. Geyer	
	Title: CFO (Title of official position held in corporation or partnership)	
	Date: 2-28-2020	

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ounting Period:	2019/2	FORM SA1-2E. PAGE 8.
AL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID#
UVISTA COM	IMUNICATIONS OF GEORGIA	37920
The Satellite H lowing sentenc "In dete service scribers	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Itome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the folce: Permining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include subsand amounts collected from subscribers receiving secondary transmissions pursuant to section 119." mation on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
	paper SA1-2 form. counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	
made by satell	er the total here and list the satellite carrier(s) below.	
Name Mailing Address	Name Mailing Address	
For an explana	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessment
	x	
Line 2 Multipl	ly line 1 by the interest rate* and enter the sum here	
	ly line 2 by the number of days late and enter the sum here	
	ly line 3 by 0.00274** and enter here se L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view th	he interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please he Licensing Division at (202) 707-8150 or licensing@loc.gov.	
contact th	ne decimal equivalent of 1/365, which is the interest assessment for one day late.	
contact th ** This is th NOTE: If you a	ne decimal equivalent of 1/365, which is the interest assessment for one day late. are filing this worksheet covering a statement of account already submitted to the Copyright Office, please owner, address, first community served, ID number, and accounting period as given in the original filing.	
contact th ** This is th NOTE: If you a	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
** This is the NOTE: If you a list below the contact t	are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	

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Accounting period