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 workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	2/12/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/2 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.	62016
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Darien Communications, Inc	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		POB 575 (Number, street, rural route, apartment, or suite number)	
		Darien, GA 31305 (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 is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number) (City, town, state, zip code)	
	1		

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.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Darien Communications, Inc	62016
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 nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Darien	GA
Community	McIntosh	GA
	Townsend	GA
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								010	6201
	Darien Communications	5, INC							010
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND R	ATES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ng on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular serv							charged	
	<b>Rate:</b> Give the standard rate c							e 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. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system I					sonvice that are	difforant fr	om thosa	
	printed in block 1 (for example, the								
	with the number of subscribers a								
	sufficient.				- <b>-</b>	_			
	BLO	OCK 1 NO. OF					BLOCK	C2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		1,910	30.29	Expand	led		1,648	55.
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>				Digital			519	18.
	Motel, hotel								
	Commercial				HD			327	15.
	Converter								
	Residential		300	4.95					
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS		s				
F	In General: Space F calls for rat				-	l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		0()		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0 /	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SEF	RVICE	RATE	CATEG	DRY OF SERVICE	RAT
	Continuing Services:			ation: Non-res					
	• Pay cable		• Mo	tel, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	mmercial					
	Fire protection		• Pay	/ cable					
	<ul> <li>Burglar protection</li> </ul>		• Pay	/ cable-add'l c	hannel				
				e protection					
	Installation: Residential				<b>,</b>				1
	Installation: Residential <ul> <li>First set</li> </ul>	70.00	• Bur	glar protection	1				
	<ul><li>First set</li><li>Additional set(s)</li></ul>	70.00		glar protectior services:	I				
	<ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	70.00	Other : • Red	services: connect	I	35.00			
	<ul><li>First set</li><li>Additional set(s)</li></ul>	70.00 4.95	Other : • Red	services:	I	35.00			
	<ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		Other : • Red • Dis • Out	services: connect		35.00 32.00 70.00			

ounting Period:	2019/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
	Darien Communication	ons, Inc		62016
Rame G Primary Transmitters: Television	PRIMARY TRANSMITTERS: 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 <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii 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 ente (for independent multicast) For the meaning of these t Column 4: Give the locatio	TELEVISION entify 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 ca ules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carrier 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	(1) stations carried only on a part- e carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct orogram services such as HBO, ESI e-air designation. For example, rep- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial education totions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	FCC. For Mexican or Cana	2. B'CAST CHANNEL NUMBER	ae community with which the station 3. TYPE OF STATION	4. LOCATION OF STATION
dd Rows as Necessary	WASV			Savannah, GA
	WVAN			Savannah, GA
	WGSA			Savannah, GA
	WJCL			Savannah, GA
	WTOC			Savannah, GA
	WPXC			Brunswick, GA
	WTGS			Savannah, GA

Accounting P LEGAL NAME OF Darien Comi	OWNER OF C	CABLE SY	/STEM:					SYSTEM ID 6201
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for <b>Column 1:</b> lo	it is carried by monitoring, to prmation abou m. lentify the call	y the sys be recei It the Cc	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the opyright Office regulations on t each station carried. on is AM or FM.	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 3: If signal, indicate Column 4: G	the radio stat this by placing ive the station	ion's sig g a checl n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licens	sed by the FC			
		-						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						L		

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Darien Communication	ns, Inc						62016
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LOO	3			
	In General: In space I, identi	ify every nor	nnetwork televis	ion program, broadcast by	a <i>distant</i> stati	on, that your	cable syste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or aut	horizations.	For a further
Substitute	explanation of the programm				e general instru	uctions in the	e paper 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	work televis	ion 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	st complete	the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their	meaning is	
				ision program ("substitute p	program") tha	t, during the	accounting	
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substituted	d for the prog	amming of	another stat	tion
	under certain FCC rules, re Do not use general categor	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further	r informatior	1.
	"NBA Basketball: 76ers vs.		vies of baske	ibali. Lisi specific program		imple, 1 Lov	le Lucy of	
				r "Yes." Otherwise enter "N				
				sting the substitute progra the community to which the		and by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mor	th and day		tem carried the substitute p			vith the mor	nth
	first. Example: for May 7 giv			······		1		L .
	to the nearest five minutes.			gram was carried by your o				iy
	stated as "6:00–6:30 p.m."	Example: a	i program oann		o p.ini. to 0.2	5.00 p.m. on		
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa			na regulatio		
	s	UBSTITUT	E PROGRAM	I		N SUBSTI <sup>-</sup> AGE OCCl		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. T	IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	

Accounting Period:	2019/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Darien Communications, Inc		ŝ	8YSTEM ID# 62016
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's s (as identified in space E) during the accounting period. For a further explanation of how 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.	secondary trans to compute this	mission servi s amount, see \$ 36	се
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 t • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less t See page (vi) of the general instructions located in the paper SA1-2 form for more informatic	han \$527,600	\$263,800	
	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 y accounting period is \$52.00			
	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	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m		-	
	1. 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 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K	363,822.91		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	100,022.91		
	4. Multiply line 3 by .01	\$	1,000.23	
	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.		\$	2,319.23
	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)	\$	2,319.23	
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		\$	2,339.23
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form for	-		ghts!

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: nunications, Inc			SYSTEM ID# 62016
M Channels	to its subscribe	ers, and (2) the cable system's tal number of channels on whic	total number of a	which the cable system carried television broadcast state	ations <b>7</b>
	on which the	tal number of activated channe cable system carried televisior dcast services	n broadcast statio	ons	274
N Individual to Be Contacted		TO BE CONTACTED IF FURTI t about this statement of accou		TION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Ken Johnson		Tele	phone 912-437-6615
	Address	1011 North Way (Number, street, rural route, apar	rtment, or suite num	ber)	
		Darien, GA 31305 (City, town, state, zip)			
	Email	Ken.Johnson@	@dtctel.com	Fax (optional)	
	CERTIFICATIO	N (This statement of account m	nust be certified a	and signed in accordance with Copyright Office regula	itions)
O Certification		ned, hereby certify that (Check c			
	(Ow	ner other than corporation or p	partnership) I am	the owner of the cable system as identified in line 1 of s	pace B; or
		ent of owner other than corporation in line 1 of space B and that the d		ship) I am the duly authorized agent of the owner of the operation or partnership; or	cable system as identified
	X (Of			or a partner (if a partnership) of the legal entity identified	as owner of the cable system
	<ul> <li>I have examin are true, compl</li> </ul>	ed the statement of account and		nder penalty of law that all statements of fact contained mation, and belief, and are made in good faith.	herein
			X "/s/	Mary Lou Forsyth	
				onic signature on the line above to certify this statement. using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printe	ed name: Ma	ry Lou Forsyth	
		Title: (Title of	President official position held	in corporation or partnership)	
		Date:		February 12, 2019	
Privacy Act Notico				right Office to collect the percentally identifying information	

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L NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PA
en Communications, Inc	SYSTEN 62
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Stateme Concerning Gro
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?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
I	
<b>INTEREST ASSESSMENT</b> You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
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 navment or undernavment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessm
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