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 ACCOUN	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@loc.gov</u>
General instructions are located in the first tab of this workbook	03/05/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD C	OVERED BY THIS STATEMENT: (YY	YY/(Period))	

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
Fellou			
		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.	P
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63366
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Sandhill Telephone Cooperative	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. Box 519, 122 S. Main Street	
		(Number, street, rural route, apartment, or suite number)	
		Jefferson, SC 29718 (City, town, state, zip)	
	INCT	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	nlaga thaga
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	_	(Number, Street, rurai 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. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Sandhill Telephone Cooperative	633
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rule
	"a separate and distinct community or municipal entity (including unincorporated	communities within unincorporated areas and including single
D	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.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	le nome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
-	Bethune	SC
First		
Community	Chesterfield	SC
	Jefferson	SC
d Rows as Necessary	МсВее	SC
,	Pageland	SC
	Patrick	SC
	Ruby	SC

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						1 SA1-2	EM ID
Name	Sandhill Telephone Coo									6336
E	SECONDARY TRANSMISSION In General: The information in s					v transmission	service of	he cable		
	system, that is, the retransmission	-		-		•				
Secondary	about other services (including p				-		those exist	ing on the		
Transmission	last day of the accounting period Number of Subscribers: Both	`		,	,	,	hla avatam	brokon		
Service: Sub- scribers and	down by categories of secondar						,	,		
Rates	each category by counting the n	•		•		•				
	separately for the particular serv	ice at the rate	indicated-	-not the nun	nber of se	ts receiving serv	, vice).	Ū		
	Rate: Give the standard rate c	-	-	•				-		
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	s within a	particular rate		
	Block 1: In the left-hand block				ries of sec	ondarv transmis	sion servi	ce that cable		
	systems most commonly provide	•		-		•				
	that applies to your system. Not	e: Where an ir	ndividual o	r organizatio	n is receiv	ing service that	falls unde	different		
	categories, that person or entity									
	subscriber who pays extra for ca first set" and would be counted o					d in the count ur	ider "Servi	ce to the		
	Block 2: If your cable system					service that are	different f	rom those		
	printed in block 1 (for example, t	-								
	with the number of subscribers a	and rates, in the	e right-hai	nd block. A tv	vo- or thre	e-word descript	ion of the s	service is		
	sufficient.	DCK 1					BLOCK	()		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBE	RS	RAT
	Residential:		2 206	25.45	Additio	nal Tior		2	126	57
	Service to first set		2,306	35.45	Additio	nal Tier		4,4	136	57.
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMISS	ONS: RATE	s					
F	In General: Space F calls for rate	te (not subscril	ber) inforn	nation with re	spect to a				•	
F	In General: Space F calls for ration not covered in space E, that is, t	te (not subscril hose services	ber) inforn that are n	nation with re ot offered in	spect to a combination	on with any seco	ondary trar	smission	•	
-	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar	te (not subscril hose services re two exceptio	ber) inforn that are n ons: you d	nation with re ot offered in o not need to	spect to a combination give rate	on with any seco information con	ondary trar cerning (1	smission) services	9	
F Services Other Than	In General: Space F calls for ration not covered in space E, that is, t	te (not subscril hose services re two exceptic or facilities furr	ber) inforn that are n ons: you d nished to r	nation with re ot offered in o not need to nonsubscribe	spect to a combinatio give rate ers. Rate in	on with any seco information con nformation shou	ondary trar cerning (1 ld include	nsmission) services both the	9	
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Name	LEGAL NAME OF OWNER OF			SYSTE
	Sandhill Telephone C	•		
			to a stations and low power	
G	-	entify every television station (including m during the accounting period, <i>except</i>	-	,
·	5	in effect on June 24, 1981, permitting th		
rimary smitters:	substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.		
levision		: With respect to any distant stations ca ules, regulations, or authorizations:	arried by your cable system on a s	ubstitute program
	• Do not list the station here	e in space G—but do list it in space I (th	he Special Statement and Progran	n Log)—if the
	 station was carried only on List the station here, and a 	a substitute basis. also in space I, if the station was carried	d both on a substitute basis and al	lso on some other
	basis. For further information	on concerning substitute basis stations,	see page (v) of the general instru	ctions.
		n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	-	-
	"WETA-2" as the same on the channel of the channel	the form. el number the FCC assigned to the tele	wision station for broadcasting over	er the air in its community
	of license. For example, W	/RC is channel 4 in Washington, D.C.	C C	
		n case whether the station is a network ering the letter "N" (for network), "N-M" (· · · · · · · · · · · · · · · · · · ·	
	(for independent multicast),	, "E" (for noncommercial educational), c	or "E-M" (for noncommercial educa	
		erms, see page (iv) of the general instru on of each station. For U.S. stations, list		on is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of the	he community with which the station	on is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WACH	48	I	Columbia, SC
	WAXN-DT	50	I	Kannapolis, NC
vs as Necessary	WBTV-DT	23	Ν	Charlotte, NC
	WHKY	40	I	Hickory, NC
	WHKY WCCB-DT	40 27	 	Hickory, NC Charlotte, NC
	WCCB-DT	27	<u> </u>	Charlotte, NC
	WCCB-DT WCCB-DT3	27 27.1	I I-M	Charlotte, NC Charlotte, NC
	WCCB-DT WCCB-DT3 WCNC-DT WIS	27 27.1 22 10	I I-M N N	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2	27 27.1 22 10 45.1	I I-M N N E-M	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3	27 27.1 22 10 45.1 45.2	I I-M N N E-M E-M	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV	27 27.1 22 10 45.1 45.2 45	I I-M N N E-M E-M E-M	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Florence, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY	27 27.1 22 10 45.1 45.2 45 46	I I-M N N E-M E-M E-M I	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Florence, SC Belmont, NC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX	27 27.1 22 10 45.1 45.2 45 46 17	I I-M N N E-M E-M E-M I I N	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Florence, SC Belmont, NC Columbia, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX WMYT	27 27.1 22 10 45.1 45.2 45 46 17 55	I I-M N N E-M E-M I I N I	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Florence, SC Belmont, NC Columbia, SC Rock Hill, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX WMYT WOLO-TV	27 27.1 22 10 45.1 45.2 45 46 17 55 8	I I-M N N E-M E-M E-M I I N I N	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Belmont, NC Columbia, SC Rock Hill, SC Columbia, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX WMYT WOLO-TV WPDE-TV	27 27.1 22 10 45.1 45.2 45 46 17 55 8 8 16	I I-M N N E-M E-M E-M I I N I N N N	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Belmont, NC Columbia, SC Rock Hill, SC Columbia, SC Florence, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX WMYT WOLO-TV WPDE-TV WSOC-DT	27 27.1 22 10 45.1 45.2 45 46 17 55 8 8 16 34	I I-M N N E-M E-M I I I N I N N N N N	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Belmont, NC Columbia, SC Rock Hill, SC Columbia, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX WMYT WOLO-TV WPDE-TV	27 27.1 22 10 45.1 45.2 45 46 17 55 8 8 16	I I-M N N E-M E-M E-M I I N I N N N	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Belmont, NC Columbia, SC Rock Hill, SC Columbia, SC Florence, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX WMYT WOLO-TV WPDE-TV WSOC-DT	27 27.1 22 10 45.1 45.2 45 46 17 55 8 8 16 34	I I-M N N E-M E-M I I I N I N N N N N	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Belmont, NC Columbia, SC Rock Hill, SC Columbia, SC Florence, SC Columbia, SC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX WMYT WOLO-TV WPDE-TV WSOC-DT WSOC-DT2	27 27.1 22 10 45.1 45.2 45 46 17 55 8 8 16 34 34.1	I I-M N N E-M E-M I I N I N N N N N N N N N N N N N N N	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Belmont, NC Columbia, SC Rock Hill, SC Columbia, SC Florence, SC Charlotte, NC Charlotte, NC
	WCCB-DT WCCB-DT3 WCNC-DT WIS WJPM-DT2 WJPM-DT3 WJPM-TV WJZY WLTX WMYT WOLO-TV WPDE-TV WSOC-DT WSOC-DT2 WWMB	27 27.1 22 10 45.1 45.2 45 46 17 55 8 8 16 34 34.1 21	I I-M N N E-M E-M I I I N N N N N N N N N N N N	Charlotte, NC Charlotte, NC Charlotte, NC Columbia, SC Florence, SC Florence, SC Belmont, NC Columbia, SC Rock Hill, SC Columbia, SC Florence, SC Charlotte, NC Charlotte, NC Florence, SC

EGAL NAME OF								SYSTEM 633
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried b monitoring, to prmation abou m. lentify the call tate whether t the radio stat this by placing ive the station	y the sys be recei at the Co I sign of e the static ion's sign g a chech n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see par ed by the cable s he station is licens	adend, and (2 enna, during ce ge (v) of the g system as a se sed by the FC0	!) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	7.00 01 1 10	0,0			7	0,12		
							·	
						 -		

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Sandhill Telephone Co	ooperativ	e					63366
	SUBSTITUTE CARRIAG	E: SPFCI	AL STATEME		G			
I	In General: In space I, ident substitute basis during the a	ify every no	nnetwork telev	<i>ision program,</i> broadcast b	y a <i>distant</i> sta			
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	he general in	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	asis, any non	network te	levision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer i	s "Yes " vou	must comr		
	log in block 2.			ige blank. If your answer i	3 103, you	must comp		jian
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs	titute progra	am on a separ		s wherever p	ossible, if	their meaning	g is
	clear. If you need more spa							•
	period, was broadcast by a			vision program ("substitut our cable system substitu				
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progr	am titles, for o	example, "	I Love Lucy"	or
	"NBA Basketball: 76ers vs.		deast live ent	er "Yes." Otherwise enter	"No "			
	Column 3: Give the call	sign of the	station broadd	asting the substitute prog	ram.			
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car						la with the r	nonth
	first. Example: for May 7 gi		when your sy	stem carried the substitut	e program. O	se numera	ais, with the r	nonun
	. , , ,		e substitute pr	ogram was carried by you	r cable syste	m. List the	times accur	ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour syst	em was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete une	der FCC rules	s and regu	lations in	-
	effect on October 19, 1976							
	S	UBSTITUT	E PROGRAM	1		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							_	
							_	
							_	
							_	
1								

Accounting Period:	2019/2		FORM S	6. SA1-2E. PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID#
Name	Sandhill Telephone Cooperative			63366
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ama 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.	econdary transm to compute this a	ission service amount, see \$51	
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 th Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less th See page (vi) of the general instructions located in the paper SA1-2 form for more informatio	an \$527,600 n.	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 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		
	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	· · <u>·</u>		
	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	,600)	
	1. Enter the amount of gross receipts from space K	511,614.40		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	247,814.40		
	4. Multiply line 3 by .01	. \$	2,478.14	
	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		\$	3,797.14
	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)	. \$	3,797.14	
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		\$	3,817.14
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sandhill Telephone Cooperative	SYSTEM ID# 63366
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable syste to its subscribers, and (2) the cable system's total number of activated channels 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	s during the accounting period.
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED we can contact about this statement of account.) Name Jeanne Oliver	(Identify an individual to whom Telephone 843-658-6845
Information	Address P.O. Box 519 (Number, street, rural route, apartment, or suite number) Jefferson, SC 29718	
	(City, town, state, zip) Email	Fax (optional)
O Certification	 CERTIFICATION (This statement of account must be certified and signed in account in the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the and the owner of the the owner owne	cable system as identified in line 1 of space B; or y authorized agent of the owner of the cable system as identified ership; or partnership) of the legal entity identified as owner of the cable system aw that all statements of fact contained herein
	X /s/ C Lee Chamb Enter an electronic signature on th Enter signature using an "/s/ signat Typed or printed name: C. Lee Chamber Title: CEO/Manager (Title of official position held in corporation or partition	re line above to certify this statement. ture" (e.g., /s/ John Smith) "S
	Date:	03/05/2020

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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.

ounting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ndhill Telephone Cooperative	6336
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? NO VES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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 Assessmer
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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 Assessment
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 Assessmen
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