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								
01/21/20	\$							
	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
		Trenton Telephone Company
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 216
		(Number, street, rural route, apartment, or suite number)
		Trenton, GA 30752 (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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name		636
	Trenton Telephone Company 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	rated communities within unincorporated areas and including singl at you list will serve as a form of system identification hereafter kno lings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or	mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	City of Trenton	GA
Community	Dade County	GA
	Walker County	GA
Rows as Necessary		

Accounting Period: 2019-2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Trenton Telephone Company

SYSTEM ID# 63688

Ε

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 	844	44.95	Expanded Basic	737	50.00			
 Service to additional set(s) 								
 FM radio (if separate rate) 								
Motel, hotel	2	14.00						
Commercial								
Converter								
Residential								
Non-residential								
		T						

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		Motel, hotel		НВО	16.00
 Pay cable—add'l channel 		Commercial		Cinemax	12.00
 Fire protection 		• Pay cable		Starz & Encore	12.00
Burglar protection		 Pay cable-add'l channel 		Showtime	16.00
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63688

4. LOCATION OF STATION

Trenton Telephone Company

1. CALL SIGN

G

Primary Transmitters: Television

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.

2. B'CAST CHANNEL NUMBER

WDEF-HD CBS 8 Ν Chattanooga, TN WDEF-DT CBS 8.1 N-M Chattanooga, TN WDEF-Bounce 8.2 I-M Chattanooga, TN 8.3 I-M Chattanooga, TN WDEF-Escape 8.4 I-M WDEF-Grit Chattanooga, TN WDSI- DT THISTV 40.1 I Chattanooga, TN 40.2 I-M WDSI-CometTV Chattanooga, TN WELF-DT 28 ı Dalton, GA WELF-DT2 28.2 I-M Dalton, GA **WELF-DT3** 28.3 I-M Dalton, GA WELF-DT4 28.5 I-M Dalton, GA WFLI-HD CW 42 Ι Cleveland, TN WFLI-DT CW 42.1 I-M Cleveland, TN 42.2 WFLI-MyNet I-M Cleveland, TN WFLI-MeTV 42.3 I-M Cleveland, TN 42.4 I-M WFLI-DT4 Charge Cleveland, TN **WNGH-HD PBS** Ε Chatsworth, GA 4 WNGH-PBS 4.1 E-M Chatsworth, GA 4.2 E-M **WNGH-Create** Chatsworth, GA E-M 4.3 WNGH-Knowledge Chatsworth, GA 13 Ν Chattanooga, TN **WRCB-HD NBC** WRCB-DT NBC 13.1 N-M Chattanooga, TN **WRCB-Antenna** 13.2 N-M Chattanooga, TN Ε WTCI-HD 35 Chattanooga, TN Chattanooga, TN WTCI-DT 35.1 E-M

3. TYPE OF STATION

Add Rows as Necessary

Name 63688 Trenton Telephone Company PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: substitute program basis, as explained in the next paragraph. Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WTVC-HD ABC 9 Ν Chattanooga, TN WTVC-DT ABC 9.1 N-M Chattanooga, TN 9.2 WTVC-FOX Chattanooga, TN 9.3 I-M WTVC-TBD TV Chattanooga, TN Chattanooga, TN 6 WOOT-LDHD I WOOT-LD 6.1 I-M Chattanooga, TN 6.2 I-M WOOT-D2 Chattanooga, TN

I-M

I-M

I-M

Chattanooga, TN

Chattanooga, TN

Chattanooga, TN

6.4

6.5

6.6

FORM SA1-2E. PAGE 3.

SYSTEM ID#

Accounting Period: 2019-2

WOOT-D4

WOOT-D5

WOOT-D6

LEGAL NAME OF OWNER OF CABLE SYSTEM:

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Trenton Telephone Company

63688

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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Accounting Perio		04815.000	TEN4				FOR	M SA1-2E. PAGE 5.					
Name	LEGAL NAME OF OWNER OF Trenton Telephone Co		IEM:					SYSTEM ID# 63688					
	CLIDSTITUTE CADDIACE	- SDECIA	I STATEME	NT AND DROCDAM I)G								
 Substitute													
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE												
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program												
Statement and		-	i cable system	carry, orr a substitute ba	sis, arry norme	twork televi							
Program Log	broadcast by a distant station?												
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program												
	log in block 2.												
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting 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.				WH	EN SUBST	ITUTE						
	S	UBSTITUT	E PROGRAM	1	CARRIAGE OCCURRED 7. REASON F								
	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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ccounting Period:	_	NAME OF OWN	IER OF CABLE	E SYSTEM:									SA1-2E. PAGE
Name	Tren	nton Teleph	none Com	npany									6368
K Gross Receipts	Instru all an (as id page	OSS RECEIP ructions: The mounts (gross dentified in sp (vii) of the go Gross receipt	e figure you s receipts) p ace E) duri eneral instr ss from sub	paid to you ing the ac uctions loo scribers fo	ur cable so counting potenting potential countries of the	ystem by period. Fone paper ary transr	subscribe or a furthe SA1-2 for mission se	ers for the r explana m. ervice(s)	e system ation of h	's second ow to con	ary tran npute th	smission ser is amount, se	vice ee
		during the acc									•	-	225,806.33 gross receipts)
L Copyright Royalty Fee	Instruc Comp Use t Use t	RIGHT ROY ctions: To co- plete block 1, block 1 if the block 2 if the block 3 if the ge (vi) of the g	mpute the round to block 2, one amount of gamount of ga	royalty fee or block 3. gross rece gross rece gross rece	eipts in speipts in speipts in sp	ace K is lace K is lace K is l	more thar more thar	\$137,10 \$263,80	00 but les	s than \$5		\$263,800	
				BLO	OCK 1: G	ROSS R	ECEIPTS	OF \$13	37,100 O	R LESS			
		uctions: As a c unting period i		n with gros	s receipts	of \$137,1	00 or less	, the roya	lty fee tha	at you mus	st pay fo	r this six-mon	th
	Line 1	1. Royalty fee	for account	ting period									
	Line 2	2. Interest cha	irge. Enter	the amour	nt from line	4, space	Q, page 8						0.00
	l ine 3	3. TOTAL RO	VAI TV EEI	E DAVARI	E EOD A	CCOUNT	ING DEDI	OD Add I	ines 1 an	4.2			
	Line	5. TOTAL NO			SS RECE								
	1. Ba	se amount un	der statutor	y formula .					. \$	263,8	800.00		
	2. Ent	ter amount of	gross recei	pts from s	pace K				\$	225,8	806.33	_	
	3. Sul	btract line 2 fr	om line 1						\$	37,9	993.67	_	
	4. En	ter the amoun	t of gross re	eceipts fro	m space K	.				\$		225,806.33	<u>_</u>
	5. En	ter the amoun	t from line 3	3						\$		37,993.67	<u> </u>
	6. Sul	btract line 5 fr	om line 4							\$		187,812.66	<u></u>
	7. Mu	ultiply line 6 by	.005 (enter	r figure hei	е)							\$	939.06
	8. Inte	erest charge.	Enter the a	mount fror	n line 4, sր	pace Q, p	age 8					·	0.00
	9. TO	TAL ROYAL	TY FEE PA	YABLE FO	OR ACCO	UNTING	PERIOD. /	Add lines	7 and 8 .			\$	939.06
			BLOCK	3: GROS	S RECEI	PTS OF	MORE TI	HAN \$26	3,800 (b	out less th	nan \$52	7,600)	
	1. Ent	ter the amoun	it of gross re	eceipts fro	m space K	.							
	2. Ba	se amount un	der statutor	y formula					\$	263,8	800.00	_	
	3. Sul	btract line 2 fr	om line 1									_ _	
	4. Mu	ultiply line 3 by	.01							<u></u>			<u>_</u>
	5. Ro	yalty due on t	he first \$260	3,800 of gr	oss receip	ots (under	statutory t	ormula) .		\$		1,319.00	_
	6. Inte	erest charge.	Enter the a	mount from	n line 4, sį	pace Q, p	age 8					0.00	<u></u>
	7. TO	TAL ROYAL	TY FEE PA	YABLE FO	OR ACCO	UNTING	PERIOD.	Add lines	4, 5, and	6		:	
				FILING I	FEE AND	TOTAL	REMITT	ANCE D	UE				
Filing Fee and Fotal Remittance	1. Ro	yalty Fee Pay	able for Acc	counting P	eriod (from	n Block 1,	2, or 3, at	oove)		\$		939.06	_
Due	2. Fili	ing Fee (See t	the instruction	ons for mo	re informa	ition on fili	ing fee cal	culations)		<u>\$</u>		20.00	_
	3. TO	TAL AMOUN	T DUE FOR	R ACCOU	NTING PE	RIOD. A	dd lines 2	and 3				\$	959.06
		Important:	Your remit	ttance mu	st be in th	ne form o	f an elect	ronic pay	ment pa	yable to t	he Regi	ster of Copy	rights!
			See pag	e i of the	general ir	etruction	ns in the p	paper SA	1-2 form	for more	informa	tion.	

Name Trenton Telephone Company	SYSTEM ID#
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 total number of activated channels during the accounting period. 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 nenbroadcast services. 35 Nonvioual to BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name Address 183 First Street (Number, street, unal road, sparment, or sufer number) Telephone 706-657-4367 Telephone 706-657-4367 Tenton, GA 30752 (Phy town, steep, 20) Email Address 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 duty authorized agent of the owner of the cable system as identified in line 1 of space B, or (Apent of owner other than corporation or partnership) I am the duty 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, or line to compete and correct to the best of my knowledge, information, and belief, and are made in good faith. Enter an electronic signature on the line above to certify this statement.	
Individual to Be Contacted for Further Information Address 183 First Street (Number, street, funal route, apartment, or suite number) Trenton, GA 30752 (City, town, state, zip) Email adam@tvn.net 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 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 (Officer or partners) I am an officer (if a corporation) or a partnership; or X (Officer or partners) I am an officer (if a corporation) or partnership; or 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. X Steven W. Tatum Enter an electronic signature on the line above to certify this statement.	
Address Address 183 First Street (Number, street, rural route, apartment, or suite number) Trenton, GA 30752 (City, town, state, zip) Email 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) in 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 (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 axamined 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)] X Steven W. Tatum Enter an electronic signature on the line above to certify this statement.	
Trenton, GA 30752 (City, town, state, zip) Email 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)]	
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Enter an electronic signature on the line above to certify this statement.	
Enter signature using an 7-97 signature (e.g., 7-97 John Shillin)	
Typed or printed name: Steven W. Tatum	
Title: First Vice President (Title of official position held in corporation or partnership)	
Date: 1/17/2020	

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 the 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 telephon 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 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

counting Period: 2019-2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
renton Telephone Company	63688
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?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
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. Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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	
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	1111111
ID number First community served Accounting period	

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