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 COPYRIG	HT 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> For additional information,
General instructions are located in the first tab of this workbook	02/26/20	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCC	OUNTING 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.	63691
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Google Fiber Alabama, LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 1600 Amphitheatre Parkway (Number, street, rural route, apartment, or sulte number)	
		(Volnier, state, dual rode, apartment, of some number) Mountain View, CA 94043 (City, town, state, zip)	
	INSTR	CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	inless these
С		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	(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.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Google Fiber Alabama, LLC	63691
D Area Served	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	ity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter known
	CITY OR TOWN	STATE
First	Huntsville	Alabama
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							-2E. PAGE
Name	Google Fiber Alabama,								6369
E	SECONDARY TRANSMISSION In General: The information in s	pace E should	cover a	Il categories of	secondary				
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existi	ing on the	
Service: Sub-	Number of Subscribers: Both						le system,	, broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular serv Rate: 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	ce to the	
	first set" and would be counted or Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.				T		DI 0 01		
	BLC	OCK 1 NO. OF					BLOCK	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		2,820	\$25/mo					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat								
Г	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.							
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
nutoo	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and incluc	le the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res	idential				
	• Pay cable			tel, hotel			Video d	on demand	l
	Pay cable—add'l channel	PP		mmercial					
	Fire protection		-	y cable					
	•Burglar protection		-	y cable-add'l ch	nannel				
	Installation: Residential			e protection					
	First set			rglar protection					
	Additional set(s) EM radio (if concrete rate)			services:					
	 FM radio (if separate rate) Converter 			connect connect					
	- Converter			connect tlet relocation					
			• UU	uer relocation					
			-	ve to new addr	000				

ounting Period: 2	-			FORM SA1-2E. PAGE :
Name	LEGAL NAME OF OWNER OF			SYSTEM ID: 6369
	Google Fiber Alabama	•		0003
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	Iso in space I, if the station was carrie n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the	t (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program I ed both on a substitute basis and also , see page (v) of the general instructi program services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ons. PN, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAAYDT	17	N	Hunstville, AL
	WAAYDT2	17.2	N-M	Hunstville, AL
d Rows as Necessary	WAFFDT	15	N	Hunstville, AL
	WAFFDT2	15.2	N-M	Hunstville, AL
	WAFFDT3	15.3	N-M	Hunstville, AL
	WAFFDT4	15.4	N-M	Hunstville, AL
	WHDFDT	2	N	Hunstville, AL
	WHIQDT	24	Е	Hunstville, AL
	WHNTDT	19	N	Hunstville, AL
	WHNTDT2	19.2	N-M	Hunstville, AL
	WHNTDT3	19.3	N-M	Hunstville, AL
	WZDXDT	18	N	Hunstville, AL
	WZDXDT2	18.2	N-M	Hunstville, AL
	WZDXDT3	18.3	N-M	Hunstville, AL
	WZDXDT4	18.4	N-M	Hunstville, AL
	[

EGAL NAME OF Google Fibe	FOWNER OF C		/STEM:					SYSTEM I 636
	- ,							
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein at the Co I sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under the whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general in 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	
OALL SIGN		3/D	LOCATION OF STATION	UALL SIGN		3/0	LOCATION OF STATION	
							·	

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
Name	Google Fiber Alabama	, LLC						63691
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi	fy every noi	nnetwork televis	<i>ion program</i> , broadcast by	a distant stati	ion, that your	- cable syste	m carried on a
	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or aut	thorizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basi	s, any nonne	twork televis	ion program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete	the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa Column 1: Give the title			sion program ("substitute	orogram") tha	t. durina the	accounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of a	another stat	tion
	under certain FCC rules, re							۱.
	Do not use general categor "NBA Basketball: 76ers vs.		vies or daske	tball. List specific program	1 lilles, for exa	ampie, i Lov	ve Lucy or	
	Column 2: If the program	n was broad		"Yes." Otherwise enter "N				
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.	ماله بناله م		
	the case of Mexican or Can			e community to which the community with which the			FCC or, in	
	Column 5: Give the mon	th and day		tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv							
	to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."		i program ourne		10 p.m. to 0.2	0.00 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 regulation		
	s	UBSTITUT	E PROGRAM	I		N SUBSTI		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. TI FROM -	IMES – TO	DELETION
		163 01 110	CALL DIGIN	4. STATISTICS ESCATION	AND DAT		_ 10	
						-	_	
							_	
						-	_	
							_	
						-	_	
						-	_	
							_	

Accounting Period:	2019/1			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Google Fiber Alabama, LLC			Ş	SYSTEM ID# 63691
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) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross	e system's s	secondary trans to compute this	mission servi amount, se \$423 ,	ice e
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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	lty fee that y	ou must pay for	this six-month	I
	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 li	ines 1 and 2	2	·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,	100)	
	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 \$26	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	423,000.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	159,200.00		
	4. Multiply line 3 by .01		. \$	1,592.00	
	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	4, 5, and 6 .	·····.	\$	2,911.00
	FILING FEE AND TOTAL REMITTANCE D	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,911.00	
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		[\$	2,931.00
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA ²		-		ights!

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF (Google Fiber A	WNER OF CABLE SYSTEM: Jabama, LLC	SYSTEM ID# 63691
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carried	bu must give (1) the number of channels on which the cable system carried television broadcast stations, and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations	ons 15 304
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further	Name	XiXi Tian Teleph	one (650) 253-0000
Information	Address	1600 Amphitheatre Parkway (Number, street, rural route, apartment, or suite number) Mountain View, CA 94043	
	Email	Mountain View, CA 94045 (City, town, state, zip) access-compliance@google.com Fax (optional)	
O Certification	I, the undersigned (Owned) (Agen in X (Offic in I have examined)	This statement of account must be certified and signed in accordance with Copyright Office regulations in the difference of the case of th	ce B; or ole system as identified owner of the cable system
		Date: 01/31/2018	

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unting Period: 2019/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
gle Fiber Alabama, LLC	636
 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 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x	—
x days	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please * To view the Licensing Division at (202) 707-8150 or licensing@loc.gov. For further assistance please	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please * To view the Licensing Division at (202) 707-8150 or licensing@loc.gov. For further assistance please	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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