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								
7/30/2020	\$ ALLOCATION NUMBER								

Return completed workbook by email to:

### coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	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.
		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 unless these
System		already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.  IDENTIFICATION OF CABLE SYSTEM:
	1	
		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		620
	Darien Communications, Inc Instructions: List each separate community served by the cable system. A "co	
D	"a separate and distinct community or municipal entity (including unincorporal discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future fili	ated communities within unincorporated areas and including single t you list will serve as a form of system identification hereafter kno ngs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	nobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Darien	GA
Community	McIntosh	GA
	Townsend	GA
Rows as Necessary		

Accounting Period: 2020/1 FORM SA1-2F PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62016

## E

### Secondary **Transmission** Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**Darien Communications, Inc** 

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

BLG	OCK 1	BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
Residential:								
Service to first set	1,727	15.00	Expanded		55.00			
<ul> <li>Service to additional set(s)</li> </ul>								
<ul> <li>FM radio (if separate rate)</li> </ul>			Digital		18.95			
Motel, hotel								
Commercial			HD		15.95			
Converter								
Residential		4.95						
Non-residential								

# F

### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE	
Continuing Services:		Installation: Non-residential		
Pay cable		Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		• Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	70.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	35.00	
Converter	4.95	Disconnect		
		Outlet relocation	32.00	
		Move to new address	70.00	

Accounting Period:	2020/1			FORM SA1-2E. PAGE 3.						
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#						
Name	Darien Communication	ons, Inc		62016						
	PRIMARY TRANSMITTERS:	TELEVISION								
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.  Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 for									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
		•								
Add Rows as Necessary	WASV			Savannah, GA						
	WVAN			Savannah, GA						
	WGSA			Savannah, GA						
	WGGA			Gavaillaii, GA						
	WJCL			Savannah, GA						
	WTOC			Savannah, GA						
	WPXC			Brunswick, GA						
		•								
	WTGS			Savannah, GA						

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **Darien Communications, Inc**

62016

### 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	d: 2020/1 LEGAL NAME OF OWNER OF	CARLECVO	TENA.				FOR	M SA1-2E. PAGE 5.			
Name			I EIVI.					SYSTEM ID# 62016			
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system of substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. Fo explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for the program to the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 for the program to proadcast by a distant Station?  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  2. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 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. Use numerals, with the month first. Example: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57."  Co										
	stated as "6:00–6:30 p.m."  Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulation	ons in effect du	ring the accounting periors permitted to delete und	d; enter the let	tter "P" if the	listed progr ons in TUTE				
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. T	TIMES TO	DELETION			

ccounting Period:						A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Darien Communications, Inc				S	YSTEM ID 6201
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space dete all amounts (gross receipts) paid to your cable syste (as identified in space E) during the accounting periopage (vii) of the general instructions located in the p Gross receipts from subscribers for secondary during the accounting period	em by subscribers for the od. For a further explana aper SA1-2 form. transmission service(s)	e system's tion of how	secondary trans w to compute th	smission servic is amount, see	9,645.00
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  Use block 2 if the amount of gross receipts in space  Use block 3 if the amount of gross receipts in space  See page (vi) of the general instructions located in the p	K is more than \$137,10 K is more than \$263,80	0 but less	than \$527,600	\$263,800	
	BLOCK 1: GRO	SS RECEIPTS OF \$13	7,100 OR	RLESS		
	Instructions: As a cable system with gross receipts of \$ accounting period is \$52.00	137,100 or less, the royal	ty fee that	you must pay for	this six-month	
	•					
	Line 1. Royalty fee for accounting period					
	Line 2. Interest charge. Enter the amount from line 4, s	space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCO	DUNTING PERIOD Add I	nes 1 and	2	·	
	BLOCK 2: GROSS RECEIPT	S OF \$263,800 OR LE	SS (but m	nore than \$137	,100)	
	Base amount under statutory formula		\$	263,800.00	=	
	2. Enter amount of gross receipts from space K		\$	159,645.00	_	
	3. Subtract line 2 from line 1		\$	104,155.00	_	
	4. Enter the amount of gross receipts from space K $\ldots$			\$	159,645.00	
	5. Enter the amount from line 3			. \$	104,155.00	
	6. Subtract line 5 from line 4			\$	55,490.00	
	7. Multiply line 6 by .005 (enter figure here)				\$	277.45
	8. Interest charge. Enter the amount from line 4, space	e Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNT	FING PERIOD. Add lines	7 and 8		\$	277.45
	BLOCK 3: GROSS RECEIPTS	OF MORE THAN \$26	3,800 (bu	t less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K					
	Base amount under statutory formula		\$	263,800.00	_	
	3. Subtract line 2 from line 1				-	
	4. Multiply line 3 by .01				-	
	5. Royalty due on the first \$263,800 of gross receipts (	under statutory formula) .		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space	e Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNT	TING PERIOD. Add lines	4, 5, and 6			
	FILING FEE AND TO	OTAL REMITTANCE DU	JE			
		-				
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Blo	ock 1, 2, or 3, above)		\$	277.45	
Due	2. Filing Fee (See the instructions for more information	on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIO	DD. Add lines 2 and 3			\$	297.45
	Important: Your remittance must be in the fo	orm of an electronic pay	ment pava	able to the Regi	ster of Copyric	hts!
	See page i of the general instru			_		

Accounting Period:	2020/1												F	ORM SA1-2E.	PAGE 7
Name	LEGAL NAME OF OWNER OF Darien Communication														EM ID# 62016
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2)  1. Enter the total number of system carried television  2. Enter the total number of on which the cable system and nonbroadcast services.	the cable system's total of channels on which the broadcast stations of activated channels of activated television br	tal number	ber of a	activated o	channels o	during the	e accou	unting peri	od.	ons		7 274		
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			RMAT	TION IS N	EEDED (le	dentify an	n indivi	dual to wh	iom					
for Further Information	Name <b>Ken J</b>	ohnson								Teleph	one 9	12-437-6	6615		
	(Number,	North Way street, rural route, apartme	ent, or suite	ite num	ber)										
	Email	n, state, zip)  Ken.Johnson@dt	tctel.con	m				F	ax (optior	nal)					
	CERTIFICATION (This state	ement of account must	st be certi	rtified a	and signe	d in accor	dance wit	th Copy	yright Offic	ce regulatio	ons)				
O Certification	• I, the undersigned, hereby	certify that (Check one,					ble system	n as ide	entified in li	ine 1 of spa	ace B; o	r			
	in line 1 of sp	other than corporation once B and that the own	ner is not	ot a cor	poration o	r partnersh	nip; or								
	in line 1 of sp  I have examined the stater are true, complete, and corn [18 U.S.C., Section 1001(19)]	pace B. nent of account and her ect to the best of my kn	ereby decl	clare u	nder pena	ilty of law t	nat all stat	tement	s of fact co	ontained her			<b>,</b>		
				electro	onic signati	ou Fors ure on the /s/ signatu	ine above			tement.	_				
		Typed or printed n	name:	Ма	ry Lou	Forsyth									
		Title: Fittle of office	Preside		in corporati	ion or partne	rship)								
		Date:							July 30,	2020					

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ounting Period: 2020/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
rien Communications, Inc	62016
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	P Special Statement Concerning Gross Receipts Exclusion
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	Q Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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  ID number First community served	

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