This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed 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	08/25/20	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
-			

Α	ACC	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			
		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.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	2208
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		PLANT TIFTNET INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 187 (Number, street, rural route, apartment, or suite number)	
		TIFTON, GA 31793-0187	
		(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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
		62208
_	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo	
D	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	
	Note: Entities and properties such as hotels, apartments, condominiums, or	
Area Served	identified city.	
Served		
	CITY OR TOWN	STATE
First	TIFTON	GA
Community	TIFT COUNTY	GA
Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	
Name	PLANT TIFTNET INC	ADLE STOTEM						010	622
Е	SECONDARY TRANSMISSION In General: The information in s					ny transmission	convice of	the cable	
-	system, that is, the retransmission	-		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period							-	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n								
Rates	separately for the particular serv			•••		•		onargea	
	Rate: Give the standard rate of	•	-	•				-	
	unit in which it is generally billed					rd rate variatior	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					ondary transmi	esion sarvi	ce that cable	
	systems most commonly provide	•		-		•			
	that applies to your system. Not								
	categories, that person or entity					•••	•		
	subscriber who pays extra for ca					d in the count u	nder "Servi	ice to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different i	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.				T		DI OOI	<u> </u>	
	BLC	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		0.004	07.05				4 9 2 4	70
	Service to first set		2,024	27.95	EXPAN	IDED		1,834	78.
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial Converter								
	Residential		967	6.95					
	Non-residential		307	0.93					
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
F	In General: Space F calls for ra		,		•				
•	not covered in space E, that is, t								
Services	service for a single fee. There are furnished at cost or (2) services	•	2		U		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			•				twere not	
Rales	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) descrip		-						
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	27.95	• Mot	el, hotel			STARZ		16.
	 Pay cable—add'l channel 		• Cor	nmercial		99.00	HBO		18.
	Fire protection		• Pay	cable			MULTI	MAX	12.
	•Burglar protection		• Pay	cable-add'l ch	nannel		SHOW	TIME	15.
			• Fire	protection					
	Installation: Residential			protection			1		
	o .	39.00		glar protection					
	Installation: Residential	39.00	• Bur	•					
	Installation: Residential • First set	39.00	• Bur Other s	glar protection		39.00			
	Installation: Residential • First set • Additional set(s)	39.00 6.95	• Bur Other s • Rec	glar protection		39.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec • Disc	glar protection ervices:		<u>39.00</u> <u>39.00</u>			

ounting Period:				FORM SA1-2E. PAGE 3.
Name		F CABLE SYSTEM:		SYSTEM ID# 62208
	PLANT TIFTNET INC PRIMARY TRANSMITTERS:			82208
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program I both on a substitute basis and al- see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WALB-NBC	10.1	N-M	ALBANY, GA
	WALB-ABC	10.2	N-M	ALBANY, GA
s as Necessary	WALB-CW	10.3	N-M	ALBANY, GA
	W30DW-D	30	l	TIFTON, GA
	W38DG	51		TIFTON, GA
	WABW	DT-6		PELHAM, GA
	WSWG	31.1	N	ALBANY, GA
	WSWG-WSST	31.2	N-M	ALBANY, GA
	WSWG-MYNET	31.3	N-M	ALBANY, GA
	WFXL-FOX	12	N-M	ALBANY, GA
				ALBANY, GA
	WFXL-TBD	12.2	N-M	
	WFXL-CHARGE	12.3	N-M	ALBANY, GA
	WFXL-COMET	12.4	N-M	ALBANY, GA
	WALB-CIRCLE	10.4	N-M	ALBANY, GA

EGAL NAME OF		DADLE 9	IGTEW.					SYSTEM 622
	every radio s	tation 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 by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes k 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 his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral ii parate :	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	

Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	PLANT TIFTNET INC							62208
	SUBSTITUTE CARRIAG	-	-					
	In General: In space I, ident							
Cubatituta	substitute basis during the a explanation of the programm							
Substitute Carriage:					ule general in		the paper of	
Special	1. SPECIAL STATEMEN	-			:			
Statement and	 During the accounting per 		ur cable syster	in carry, on a substitute ba	asis, any noni		evision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer	is "Yes," you i	must compl	ete the prog	gram
	log in block 2.		·	· ·		•		
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs			ate line. Use abbreviatior	s wherever p	ossible, if tl	neir meaning	g is
	clear. If you need more spa							
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.				,	1 /	,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		oopood by	the ECC or	in
	the case of Mexican or Car							
				stem carried the substitut			s, with the r	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to t	5:28:30 p.m	. snould be	
		er "R" if the	listed prograr	m was substituted for prog	ramming that	t your syste	m was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete un	der FCC rules	s and regula	ations in	
	effect on October 19, 1976	•						
					WHF	N SUBSTI	TUTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. T	IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
					1		_	
					-		<u> </u>	·
							_	
					1			
							_	
					1		_	
					-		<u> </u>	
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					1			
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					1			
							_	
					1			
							_	

Accounting Period:	2020/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PLANT TIFTNET INC				8YSTEM ID# 62208
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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	ystem's see n of how to	condary transmi compute this a	ssion service mount, see \$ 3	
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 t • Use block 3 if the amount of gross receipts in space K is more than \$263,800 t See page (vi) of the general instructions located in the paper SA1-2 form for more in BLOCK 1: GROSS RECEIPTS OF \$137	out less that oformation	ın \$527,600	63,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	/ fee that yo	ou must pay for t	his six-mon	
	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 lin	es 1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	re than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8	·····.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	355,608.00		
	2. Base amount under statutory formula		263,800.00		
	· · ·	\$	91,808.00		
				918.08	
	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.				2.237.08
	7. TOTAL ROTALITI FEE FATABLE FOR ACCOUNTING FERIOD. Add lines 4,	5, anu 0 .		φ	2,237.00
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,237.08	
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			\$	2,257.08
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PLANT TIFTNET INC	SYSTEM ID# 62208
M Channels	CHANNELS 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's 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	14 288
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name WALTER WYNDROSKI Telephone	229.382.3003
Information	Address PO BOX 187 (Number, street, rural route, apartment, or suite number) TIFTON, GA 31793-0187 (City, town, state, zip) Email walt@friendlycity.net Fax (optional) 229.528.6888	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, 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 cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin 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 ow 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 hereir 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)] 	system as identified mer of the cable system
	X /s/Gordon Duff Futer an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: GORDON DUFF Title: VICE PRESIDENT Title of official position held in corporation or partnership) Date: 08/25/2020	

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counting Period: 2020/1	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ANT TIFTNET INC	6220
 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? Y ES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x 0 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	-
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0 x 0 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 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	-
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 - k - - k - - k 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 - (interest charge) - * 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. For further assistance please	-
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0 days 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 * 1	
x 0 days 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 * - (interest rate (interest charge) * 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 ID number	
x 0 days 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 * 1	

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