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

STATEM	ENT	OF ACCOUNT	FOR COPYRIGI	HT OFFICE USE ONLY	Return completed workbook by email to:
-		ansmissions by	DATE RECEIVED	AMOUNT	-
		Short Form)		\$	For additional information,
General instru	uctions	are located	08/05/2020		contact the U.S. Copyright Office Licensing Division at:
in the first tab	o of this	workbook	00/00/2020	ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED I	BY THIS STATEMENT: (Y)	/YY/(Period))	
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period			1		
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co	-	diary of another corporation, give the full co	rporate title
Owner		List any other name or names under which	n the owner conducts the business of t	he cable system.	
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should sting period.	submit a
		Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	62648
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
		Pineland Telephone Cooperative			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	)	
		MAILING ADDRESS OF OWNER OF P.O. Box 678	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite n Metter, GA 30439	umber)		
		(City, town, state, zip)			
С				ntify the business and operation of the esystem, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip code)			
Privacy Act Noti	ce: Sectio	n 111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested 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 fiing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Pineland Telephone Cooperative	626
	Instructions: List each separate community served by the cable system. A "commun	
D	"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 l as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Area	identified city.	
Served	identified city.	
	CITY OR TOWN	STATE
First	Metter	GA
Community	Adrian	GA
	Bartow	GA
d Rows as Necessary	Cobbtown	GA
	Davisboro	GA
	Kite	GA
	Lexsy	GA
	Midville	GA
	Nunez	GA
	Oak Park	GA
	Pulaski	GA
	Stillmore	GA
	Swainsboro	GA
	Twin City	GA
	Vidalia	GA
	Claxton	GA
		<u> </u>

							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C		:				515	اا TEM 626
	Pineland Telephone Co	operative						010
-	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRIBERS AN	D RATES				
E	In General: The information in s	-	-		-			
Secondary	system, that is, the retransmission about other services (including provide the services)							
Transmission	last day of the accounting period						ing on the	
Service: Sub-	Number of Subscribers: Bot					ble system	, broken	
scribers and	down by categories of secondar	•	-	•	•			
Rates	each category by counting the n			•			charged	
	separately for the particular servert Rate: Give the standard rate of						ne 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. <b>Not</b> categories, that person or entity		-		-			
	subscriber who pays extra for ca				ι,	•		
	first set" and would be counted of							
	Block 2: If your cable system	-						
	printed in block 1 (for example, 1							
	with the number of subscribers a sufficient.	and rates, in the	e right-hand block	A two- or thre	e-word descript	ion of the s	service is	
		OCK 1				BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		CATE	EGORY OF SEF		NO. OF SUBSCRIBERS	RA
	Residential:	SOBSCRIB				(VICL	SUBSCRIBERS	11/4
	Service to first set		3,462 19.	50 20+ Ch	annels		3,462	11.
	Service to additional set(s)		5, <del>4</del> 02	80+ Ch			3,402	33.
	• FM radio (if separate rate)				hannels		3,142 1,584	11.
	Motel, hotel				lameis		1,504	
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC			ATES				
-	In General: Space F calls for ra				ll your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t							
	service for a single fee. There a							
Services Other Than	furnished at cost or (2) services amount of the charge and the ur							
Secondary	enter only the letters "PP" in the		usually billed. If a	Ty fales are cr	larged on a van	able per-p	logram basis,	
ransmissions:	Block 1: Give the standard ra		he cable system f	or each of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •		-	-	•		
	listed in block 1 and for which a				these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	ption and includ	de the rate for eac	າ.		1		
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF	SERVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installation: Non	-residential				
	• Pay cable		<ul> <li>Motel, hotel</li> </ul>			Cinema	3X	17.
	<ul> <li>Pay cable—add'l channel</li> </ul>		<ul> <li>Commercial</li> </ul>			HBO		17.
	Fire protection		<ul> <li>Pay cable</li> </ul>			Showti	me	17.
	<ul> <li>Burglar protection</li> </ul>		• Pay cable-add	l'I channel		Starz/E	ncore	17.
	Installation: Residential		<ul> <li>Fire protection</li> </ul>	l				
	• First set		<ul> <li>Burglar protect</li> </ul>	tion				
	<ul> <li>Additional set(s)</li> </ul>		Other services:					
	• FM radio (if separate rate)		Reconnect					
	Converter		<ul> <li>Disconnect</li> </ul>					
	Converter		Disconneot					
	• Converter		Outlet relocati	on				
	• Converter							

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Pineland Telephone C			620
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: <b>Substitute Basis Stations</b> 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 informatic <b>Column 1</b> : List each station multicast stream associated "WETA-2" as the same on t <b>Column 2</b> : Give the channel of license. For example, W <b>Column 3</b> : Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4</b> : Give the locatio	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- le carriage of certain network progr 1(e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- me Special Statement and Program d both on a substitute basis and also 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 educate ctions in the paper SA1-2 form. the community to which the station	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAGT-HD	30.2	N	Augusta, GA
	WAGT2	30.1	N-M	Augusta, GA
d Rows as Necessary	WAGT-DT	30	N-M	Augusta, GA
	WFXG-HD	31.2	l	Augusta, GA
	WFXG2	31.1	I-M	Augusta, GA
	WFXG2 WFXG-DT	<u>31.1</u> 31	I-M I-M	Augusta, GA Augusta, GA
	WFXG-DT	31	I-M	Augusta, GA
	WFXG-DT WGSA-HD	31 35.2	I-M I	Augusta, GA Baxley, GA
	WFXG-DT WGSA-HD WGSA3	31 35.2 35.1	I-M I I-M	Augusta, GA Baxley, GA Baxley, GA
	WFXG-DT WGSA-HD WGSA3 WGSA	31 35.2 35.1 35	I-M I I-M I-M	Augusta, GA Baxley, GA Baxley, GA Baxley, GA
	WFXG-DT WGSA-HD WGSA3 WGSA WGXA-HD	31 35.2 35.1 35 16.2	i-M i i-M i-M i	Augusta, GA Baxley, GA Baxley, GA Baxley, GA Macon, GA
	WFXG-DT WGSA-HD WGSA3 WGSA WGXA-HD WGXA2	31 35.2 35.1 35 16.2 16.1	i-M i i-M i-M i i-M	Augusta, GA Baxley, GA Baxley, GA Baxley, GA Macon, GA Macon, GA
	WFXG-DT WGSA-HD WGSA3 WGSA WGXA-HD WGXA2 WGXA2-HD	31 35.2 35.1 35 16.2 16.1 16.3	i-M i i-M i-M i i-M i-M	Augusta, GA Baxley, GA Baxley, GA Baxley, GA Macon, GA Macon, GA
	WFXG-DT WGSA-HD WGSA3 WGSA WGXA-HD WGXA2 WGXA2-HD WGXA2-HD	31 35.2 35.1 35 16.2 16.1 16.3 16	i-M i i-M i-M i i i-M i-M i-M	Augusta, GA Baxley, GA Baxley, GA Baxley, GA Macon, GA Macon, GA Macon, GA
	WFXG-DT WGSA-HD WGSA3 WGSA WGXA-HD WGXA2 WGXA2-HD WGXA2-HD WGXA-DT WJBF-HD	31 35.2 35.1 35 16.2 16.1 16.3 16 42.2	i-M i i-M i-M i i-M i-M i-M N	Augusta, GA Baxley, GA Baxley, GA Baxley, GA Macon, GA Macon, GA Macon, GA Macon, GA Augusta, GA
	WFXG-DT WGSA-HD WGSA3 WGSA WGXA-HD WGXA2 WGXA2-HD WGXA2-HD WGXA-DT WJBF-HD WJBF2	31 35.2 35.1 35 16.2 16.1 16.3 16 42.2 42.1	i-M i i.M i-M i.M i.M i.M i.M i.M N N N N-M	Augusta, GA         Baxley, GA         Baxley, GA         Baxley, GA         Macon, GA         Augusta, GA         Augusta, GA
	WFXG-DT WGSA-HD WGSA3 WGSA WGXA-HD WGXA2 WGXA2-HD WGXA2-HD WGXA-DT WJBF-HD WJBF2 WJBF2	31 35.2 35.1 35 16.2 16.1 16.3 16 42.2 42.1 42	i-M i i-M i-M i-M i i-M i-M i-M i-M N N N N N-M	Augusta, GA         Baxley, GA         Baxley, GA         Baxley, GA         Baxley, GA         Macon, GA         Macon, GA         Macon, GA         Macon, GA         Augusta, GA         Augusta, GA         Augusta, GA
	WFXG-DT WGSA-HD WGSA3 WGSA WGXA-HD WGXA2 WGXA2-HD WGXA2-HD WGXA-DT WJBF-HD WJBF-HD WJBF2 WJBF-DT WJCL-HD	31 35.2 35.1 35 16.2 16.1 16.3 16 42.2 42.1 42 22.1	i-M i i-M i-M i-M i-M i-M i-M N N N N N N N N N N N N N N N	Augusta, GA         Baxley, GA         Baxley, GA         Baxley, GA         Baxley, GA         Macon, GA         Macon, GA         Macon, GA         Augusta, GA         Augusta, GA         Augusta, GA         Savannah, GA
	WFXG-DT WGSA-HD WGSA3 WGSA WGSA WGXA-HD WGXA2 WGXA2-HD WGXA2-HD WGXA-DT WJBF-HD WJBF-DT WJBF2 WJBF2 WJBF-DT WJCL-HD	31 35.2 35.1 35 16.2 16.1 16.3 16 42.2 42.1 42 22.1 22	I-M I I-M I-M I I I-M I-M I-M I-M N N N N N N N N N N N N N N N N N N N	Augusta, GA         Baxley, GA         Baxley, GA         Baxley, GA         Baxley, GA         Macon, GA         Macon, GA         Macon, GA         Macon, GA         Macon, GA         Macon, GA         Augusta, GA         Augusta, GA         Savannah, GA         Savannah, GA
	WFXG-DT WGSA-HD WGSA3 WGSA WGSA WGXA-HD WGXA2 WGXA2-HD WGXA2-HD WJBF-HD WJBF-HD WJBF2 WJBF-DT WJCL-HD WJCL-DT WMAZ-HD	31 35.2 35.1 35 16.2 16.1 16.3 16 42.2 42.1 42 42 22.1 22 13.2	I-M I I-M I-M I-M I-M I-M I-M I-M N N N N N N N N N N N N N N N N N N N	Augusta, GA         Baxley, GA         Baxley, GA         Baxley, GA         Baxley, GA         Macon, GA         Macon, GA         Macon, GA         Macon, GA         Augusta, GA         Augusta, GA         Savannah, GA         Savannah, GA         Macon, GA
	WFXG-DT WGSA-HD WGSA3 WGSA WGSA WGXA-HD WGXA2 WGXA2-HD WGXA2-HD WJBF-HD WJBF-HD WJBF2 WJBF-DT WJCL-HD WJCL-DT WMAZ-HD WMAZ3	31 35.2 35.1 35 16.2 16.1 16.3 16 42.2 42.1 42 22.1 22 13.2 13.1	i-M i i i-M i-M i i-M i-M i-M i-M i-M N N N N N N N N N N N N N N N N N N N	Augusta, GA         Baxley, GA         Baxley, GA         Baxley, GA         Baxley, GA         Macon, GA         Macon, GA         Macon, GA         Macon, GA         Augusta, GA         Augusta, GA         Savannah, GA         Savannah, GA         Macon, GA
	WFXG-DT WGSA-HD WGSA3 WGSA WGSA WGXA-HD WGXA2 WGXA2-HD WGXA2-HD WGXA-DT WJBF-HD WJBF2 WJBF2 WJBF2 WJBFDT WJCL-HD WJCL-DT WMAZ-HD WMAZ3 WMAZ-DT	31         35.2         35.1         35         16.2         16.1         16.3         16         42.2         42.1         42         22.1         22         13.2         13.1	I-M I I I-M I-M I I I-M I-M I-M I-M I-M	Augusta, GA         Baxley, GA         Baxley, GA         Baxley, GA         Baxley, GA         Macon, GA         Macon, GA         Macon, GA         Augusta, GA         Augusta, GA         Savannah, GA         Savannah, GA         Macon, GA         Macon, GA

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Pineland Telephone			620
	PRIMARY TRANSMITTERS:	8		
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 <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or		(1) stations carried only on a particle carriage of certain network prog (e)(2) and (4))]; and (2) certain si rried by your cable system on a si e Special Statement and Program	t-time basis under grams [sections tations carried on a substitute program n Log)—if the
	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 educational station, by ente (for independent multicast)	also in space I, if the station was carried on concerning substitute basis stations, s in's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form. I number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. h case whether the station is a network si ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc	see page (v) of the general instru- ogram services such as HBO, ES air designation. For example, re- rision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa	ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M"
	Column 4: Give the location	adian stations, if any, give the name of the	he community to which the statio	
	Column 4: Give the location	on of each station. For U.S. stations, list t	he community to which the statio	
	Column 4: Give the locatic FCC. For Mexican or Cana	on of each station. For U.S. stations, list t adian stations, if any, give the name of the	he community to which the statio e community with which the statio	on is identified.
	Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN	on of each station. For U.S. stations, list the adian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b>	the community to which the station e community with which the station <b>3. TYPE OF STATION</b>	on is identified. 4. LOCATION OF STATION
	Column 4: Give the locatic FCC. For Mexican or Cana 1. CALL SIGN WMUM-DT	on of each station. For U.S. stations, list the adian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b>	the community to which the station e community with which the station 3. TYPE OF STATION E	on is identified. 4. LOCATION OF STATION Cochran, GA
	Column 4: Give the locatic FCC. For Mexican or Cana 1. CALL SIGN WMUM-DT WRDW-HD	on of each station. For U.S. stations, list the adian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b> 7 12.3	he community to which the station e community with which the station 3. TYPE OF STATION E N	A. LOCATION OF STATION Cochran, GA Augusta, GA
	Column 4: Give the locatic FCC. For Mexican or Cana 1. CALL SIGN WMUM-DT WRDW-HD WRDW2	on of each station. For U.S. stations, list the adian stations, if any, give the name of the adian stations, if adian stations, if adian stations, give the name of the adian stations, give the adian stations, give the name of the adian stations, give the name of the adian stations, give the adian stations, give the adian stations, gi	the community to which the station e community with which the station 3. TYPE OF STATION E N N-M	Augusta, GA
	Column 4: Give the locatic FCC. For Mexican or Cana 1. CALL SIGN WMUM-DT WRDW-HD WRDW2 WRDW3	2. B'CAST CHANNEL NUMBER         7         12.3         12.1         12.2	he community to which the statio e community with which the statio 3. TYPE OF STATION E N N-M N-M	Augusta, GA Augusta, GA Augusta, GA
	Column 4: Give the locatic FCC. For Mexican or Cana 1. CALL SIGN WMUM-DT WRDW-HD WRDW2 WRDW3 WRDW-DT	on of each station. For U.S. stations, list tiadian stations, if any, give the name of the         2. B'CAST CHANNEL NUMBER         7         12.3         12.1         12.2         12	he community to which the station e community with which the station 3. TYPE OF STATION E N N-M N-M N-M	Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA
	Column 4: Give the locatic FCC. For Mexican or Cana 1. CALL SIGN WMUM-DT WRDW-HD WRDW-HD WRDW2 WRDW3 WRDW-DT WSAV-HD	2. B'CAST CHANNEL NUMBER         7         12.3         12.1         12.2         12         39.2	he community to which the statio e community with which the static 3. TYPE OF STATION E N N-M N-M N-M N-M N	Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Savannah, GA
	Column 4: Give the locatic FCC. For Mexican or Cana 1. CALL SIGN WMUM-DT WRDW-HD WRDW2 WRDW2 WRDW3 WRDW-DT WSAV-HD WSAV2	2. B'CAST CHANNEL NUMBER         7         12.3         12.1         12.2         12.3         39.2         39.1	he community to which the statio e community with which the statio 3. TYPE OF STATION E N N-M N-M N-M N-M N-M	Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Savannah, GA Savannah, GA
	Column 4: Give the locatic FCC. For Mexican or Cana 1. CALL SIGN WMUM-DT WRDW-HD WRDW2 WRDW3 WRDW-DT WSAV-HD WSAV2 WSAV3-DT	Den of each station. For U.S. stations, list the adian stations, if any, give the name of the adian stations, if adian stations, i	he community to which the station e community with which the station 3. TYPE OF STATION E N N-M N-M N-M N-M N-M N-M	A LOCATION OF STATION Cochran, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Savannah, GA Savannah, GA Savannah, GA
	Column 4: Give the locatic FCC. For Mexican or Cana 1. CALL SIGN WMUM-DT WRDW-HD WRDW2 WRDW3 WRDW3 WRDW-DT WSAV-HD WSAV2 WSAV3-DT WSAV-DT	2. B'CAST CHANNEL NUMBER         7         12.3         12.1         12.2         12         39.2         39.1         39.3         39	he community to which the statio e community with which the statio 3. TYPE OF STATION E N N-M N-M N-M N-M N-M N-M N-M N-M N-M	A LOCATION OF STATION A. LOCATION OF STATION Cochran, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Savannah, GA Savannah, GA Savannah, GA
	Column 4: Give the locatic FCC. For Mexican or Cana 1. CALL SIGN WMUM-DT WRDW-HD WRDW2 WRDW2 WRDW3 WRDW-DT WSAV-HD WSAV2 WSAV3-DT WSAV-DT WTGS-HD	Den of each station. For U.S. stations, list the adian stations, if any, give the name of the adian stations, if adian stations, i	he community to which the statio e community with which the statio 3. TYPE OF STATION E N N-M N-M N-M N-M N-M N-M N-M I	A LOCATION OF STATION Cochran, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Savannah, GA Savannah, GA Savannah, GA Savannah, GA Hardeeville, SC
	Column 4: Give the locatic FCC. For Mexican or Cana 1. CALL SIGN WMUM-DT WRDW-HD WRDW2 WRDW2 WRDW3 WRDW-DT WSAV-HD WSAV-HD WSAV2 WSAV3-DT WSAV-DT WTGS-HD WTGS-DT	adian of each station. For U.S. stations, list the adian stations, if any, give the name of the adian stations, if adian stations,	he community to which the statio e community with which the statio 3. TYPE OF STATION E N N-M N-M N-M N-M N-M I I I-M	A LOCATION OF STATION Cochran, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Savannah, GA Savannah, GA Savannah, GA Savannah, GA Hardeeville, SC Hardeeville, SC
	Column 4: Give the locatic FCC. For Mexican or Cana 1. CALL SIGN WMUM-DT WRDW-HD WRDW2 WRDW2 WRDW3 WRDW-DT WSAV-HD WSAV2 WSAV2 WSAV2 WSAV2 WSAV2 WSAV2 WSAV2 WSAV2 WSAV-DT WTGS-HD WTGS-DT WTOC-HD	Den of each station. For U.S. stations, list the adian stations, if any, give the name of the adian stations, if adian statis, if adian stations, if adian statis, if ad	he community to which the statio e community with which the statio 3. TYPE OF STATION E N N-M N-M N-M N-M N-M I I I-M N	A LOCATION OF STATION Cochran, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Savannah, GA Savannah, GA Savannah, GA Savannah, GA Hardeeville, SC Hardeeville, SC Savannah, GA
	Column 4: Give the locatic FCC. For Mexican or Cana 1. CALL SIGN WMUM-DT WRDW-HD WRDW2 WRDW2 WRDW3 WRDW-DT WSAV-HD WSAV-HD WSAV2 WSAV2 WSAV3-DT WTGS-HD WTGS-HD WTOC2	Constraint         Constraint         For U.S. stations, list the adian stations, if any, give the name of the adian stations, if ad	he community to which the statio e community with which the statio 3. TYPE OF STATION E N N-M N-M N-M N-M I I I-M N N-M	A. LOCATION OF STATION Cochran, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA Savannah, GA Savannah, GA Savannah, GA Hardeeville, SC Hardeeville, SC Savannah, GA

EGAL NAME OF							1	SYSTEM 620
	t every radio s	station ca	arried on a separate and discrence of the second					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 to the radio stat this by placing vive the station	y the sys be recein at the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process 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 par ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	!) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	
		1	Г					

Accounting Perio	od: 2020/1					F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Pineland Telephone C	ooperativ	/e				62648
	SUBSTITUTE CARRIAG				G		
I I		-	-			tion that your and le	avotom corried are -
•	In General: In space I, ident						
Cubatituta	substitute basis during the a explanation of the programm						
Substitute Carriage:					ne general in		
Special	1. SPECIAL STATEMEN	-					
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network television p	
Program Log	broadcast by a distant sta	tion?				YE	
	Note: If your answer is "No	" loovo tho	roct of this pa	ao blank. If your answor i	- "Voc " vou u	must complete the r	
		, leave the	rest of this pa	ige blank. If your answer is	s res, your	must complete the p	biogram
	log in block 2.						
	2. LOG OF SUBSTITUTI						
	In General: List each subs				s wherever p	ossible, if their mea	ning is
	clear. If you need more spa			vision program ("substitute	program") t	hat during the acco	unting
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Love Lu	cy" or
	"NBA Basketball: 76ers vs.						-
				er "Yes." Otherwise enter "			
				asting the substitute prog			
				the community to which th			or, in
	the case of Mexican or Car			stem carried the substitute			ne month
	first. Example: for May 7 gi		when your sy		e program. O	se numerais, with ti	
			e substitute pr	ogram was carried by you	r cable svste	m. List the times ac	curately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."	•	1 0	, ,	•	·	
				n was substituted for prog			
	to delete under FCC rules						l program
	was substituted for program	• •	your system w	as permitted to delete und	ler FCC rules	s and regulations in	
	effect on October 19, 1976						
					\//HE	N SUBSTITUTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCCURRED	7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — T	C
						_	
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2020/1			FORM S	6. SA1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
Name	Pineland Telephone Cooperative				62648
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and f all amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation of 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	tem's sec of how to	condary transmi compute this a	ssion service mount, see \$ 42	
	COPYRIGHT ROYALTY FEE				
Copyright Royalty Fee	Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more info	t less thar	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00	ee 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 lines	s 1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	6 (but mor	e than \$137,10	00)	
	1. Base amount under statutory formula				
	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 ar	nd 8	······		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but le	ess than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	420,722.25		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	156,922.25		
	4. Multiply line 3 by .01	· · · · · · · · - <u>-</u>	\$	1,569.22	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	·····	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	····· -		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5	5, and 6	······	\$	2,888.22
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,888.22	
Total Remittance Due	<ol> <li>Filing Fee (See the instructions for more information on filing fee calculations)</li> </ol>	-		20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		[	\$	2,908.22
	Important: Your remittance must be in the form of an electronic payme		L	-	
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		yıns:
	1				

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Pineland Telephone Cooperative	SYSTEM ID# 62648
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  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	40 245
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Dustin Durden Telephone	
	Address P.O. Box 678 (Number, street, rural route, apartment, or suite number) Metter, GA 30439 (City, town, state, zip) Email Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(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.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereia 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)]</li> </ul>	system as identified vner of the cable system
	X       /s/ Dustin Durden         Enter 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:       Dustin Durden         Title:       General Manager/Executive Vice President         (Title of official position held in corporation or partnership)	
	Date: 8/5/2020	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
eland Telephone Cooperative	6264
<ul> <li>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."     </li> <li>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.</li> <li>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?     </li> <li>Y NO</li> <li>Y ES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmer
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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 Assessme
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 Assessme

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 th 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.