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						
08/28/2020	\$ 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

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	7.00	((
		2020/1 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. 63655
		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
		Google Fiber Tennessee, 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 suite number)
		Moutain View, CA 94043 (City, town, state, zip)
С	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
	name	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	I	
		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Google Fiber Tennessee, LLC						
	Instructions: List each separate community served by the cable system. A "commu						
D	rules: "a separate and distinct community or municipal entity (including unincorpor including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first comidentification hereafter known as the "first community." Please use it as the first community.						
A	Note: Entities and properties such as hotels, apartments, condominiums, or mobile						
Area Served	identified city.						
	CITY OR TOWN						
First	Nashville						
Community							
d Rows as Necessar	y						

ľ	
ľ	
ľ	
ľ	
ľ	
u .	
ľ	
u	
ľ	
u	
u	
l l	

FORM SA1-2E. PAGE 1b.

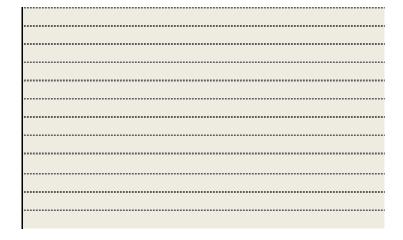
SYSTEM ID#

63655

nity" is the same as a "community unit" as defined in FCC ated communities within unincorporated areas and munity that you list will serve as a form of system ommunity on all future filings.

home parks should be reported in parentheses below the

STATE
TN



Accounting Period: 2020/1 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63655 Google Fiber Tennessee, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and 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 Rates 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. BLOCK 1 BLOCK 2 NO OF NO OF CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: Service to first set 865 \$25/mo · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **RATE** Continuing Services: Installation: Non-residential PP · Pay cable · Motel, hotel Video on demand PP • Pay cable—add'l channel Commercial Fire protection Pay cable Burglar protection • Pay cable-add'l channel Installation: Residential · Fire protection First set Burglar protection

Other services:

Reconnect

DisconnectOutlet relocationMove to new address

Additional set(s)

Converter

• FM radio (if separate rate)

ccounting Period:	LEGAL NAME OF OWNER C	DE CABLE SYSTEM:				
Name	Google Fiber Tennes	-				
	PRIMARY TRANSMITTERS:	•				
_		entify every television station (including	ng translator stations and low power			
G	carried by your cable syste	m during the accounting period, exce	ept (1) stations carried only on a pa			
Primary		in effect on June 24, 1981, permitting (e)(2) and (4), or 76.63 (referring to 76				
Transmitters:	substitute program basis, a	as explained in the next paragraph.	· · · · · · · · · · · · · · · · · · ·			
Television		s: With respect to any distant stations	s carried by your cable system on a			
	• Do not list the station her	ules, regulations, or authorizations: re in space G—but do list it in space I	(the Special Statement and Progr			
	station was carried <i>only</i> or	n a substitute basis. also in space I, if the station was cari	ried both on a substitute basis and			
	basis. For further information	on concerning substitute basis station	ns, see page (v) of the general inst			
		on's call sign. <i>Do not</i> report origination	. •			
	multicast stream associate "WETA-2" as the same on	ed with a station according to its over- the form.	the-air designation. For example,			
	Column 2: Give the chann	nel number the FCC assigned to the t	_			
		VRC is channel 4 in Washington, D.C h case whether the station is a netwo				
	Column 3: Indicate in each case whether the station is a network station, an independent station, o educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent station)					
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-					
	For the meaning of these to Column 4: Give the location	erms, see page (iv) of the general inson of each station. For U.S. stations,	structions in the paper SA1-2 form list the community to which the sta			
	For the meaning of these to Column 4: Give the location	erms, see page (iv) of the general ins	structions in the paper SA1-2 form list the community to which the sta			
	For the meaning of these to Column 4: Give the location	erms, see page (iv) of the general inson of each station. For U.S. stations,	structions in the paper SA1-2 form. list the community to which the sta			
	For the meaning of these to Column 4: Give the location	erms, see page (iv) of the general inson of each station. For U.S. stations,	structions in the paper SA1-2 form list the community to which the sta			
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	erms, see page (iv) of the general ins on of each station. For U.S. stations, adian stations, if any, give the name o	structions in the paper SA1-2 form list the community to which the start the community with which the start the community with which the start the			
	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana	erms, see page (iv) of the general inson of each station. For U.S. stations, adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER	structions in the paper SA1-2 form list the community to which the start the community with which the start the community with which the start the			
Add Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WHTNDT	erms, see page (iv) of the general instance of each station. For U.S. stations, adian stations, if any, give the name of the control of the c	structions in the paper SA1-2 form list the community to which the start the community with which the start the community with which the start the			
Add Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN WHTNDT WJFBDT	erms, see page (iv) of the general instend of each station. For U.S. stations, adian stations, if any, give the name of the company of the co	structions in the paper SA1-2 form list the community to which the start the community with t			
Add Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Cana 1. CALL SIGN WHTNDT WJFBDT WKRNDT	erms, see page (iv) of the general instance of each station. For U.S. stations, adian stations, if any, give the name of the control of the general instance of the control of	structions in the paper SA1-2 form list the community to which the start the community with which the community with the community			
Add Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN WHTNDT WKRNDT WKRNDT2	erms, see page (iv) of the general instance of each station. For U.S. stations, adian stations, if any, give the name of the control of the general instance of the control of the c	structions in the paper SA1-2 form list the community to which the start the community with the community with which the start the community with the community wi			
Add Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN WHTNDT WKRNDT WKRNDT2 WKRNDT3	erms, see page (iv) of the general instance of each station. For U.S. stations, adian stations, if any, give the name of the control of the general instance of the control of the c	structions in the paper SA1-2 form list the community to which the start the community with			
Add Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN WHTNDT WKRNDT WKRNDT2 WKRNDT3 WKRNDT4	erms, see page (iv) of the general instance of each station. For U.S. stations, adian stations, if any, give the name of the control of the general instance of the control of the c	structions in the paper SA1-2 form list the community to which the start the community with the community wi			
Add Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN WHTNDT WKRNDT WKRNDT2 WKRNDT3 WKRNDT4 WLLCLD	erms, see page (iv) of the general instance of each station. For U.S. stations, adian stations, if any, give the name of the stations, if any, give the name of the stations o	structions in the paper SA1-2 form list the community to which the start the community with which the start the community with			
Add Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN WHTNDT WKRNDT WKRNDT2 WKRNDT3 WKRNDT4 WLLCLD WLLCLD2	erms, see page (iv) of the general instance of each station. For U.S. stations, adian stations, if any, give the name of the stations, if any, give the name of the stations o	structions in the paper SA1-2 form list the community to which the start the community with the community with which the start the community with the community with the start the community with the community with which the start the community with which the start the community with which the start the community with th			
Add Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN WHTNDT WJFBDT WKRNDT WKRNDT2 WKRNDT3 WKRNDT4 WLLCLD WLLCLD2 WLLCLD3	erms, see page (iv) of the general instance of each station. For U.S. stations, adian stations, if any, give the name of the stations, if any, give the name of the stations o	structions in the paper SA1-2 form list the community to which the start the community with the community with which the start the community with the community with the start the community with the community with which the start the community with which the start the community with which the start the community with th			
Add Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN WHTNDT WKRNDT WKRNDT2 WKRNDT3 WKRNDT4 WLLCLD WLLCLD2 WLLCLD3 WNABDT	erms, see page (iv) of the general instance of each station. For U.S. stations, adian stations, if any, give the name of the control of each stations, if any, give the name of the control of the control of each stations, if any, give the name of the control of each stations, if any, gi	Structions in the paper SA1-2 form list the community to which the start the community with the community with the start the community with the comm			
Add Rows as Necessary	For the meaning of these to Column 4: Give the location FCC. For Mexican or Canal 1. CALL SIGN WHTNDT WKRNDT WKRNDT2 WKRNDT3 WKRNDT4 WLLCLD WLLCLD2 WLLCLD3 WNABDT WNABDT2	erms, see page (iv) of the general instance of each station. For U.S. stations, adian stations, if any, give the name of the control of each stations, if any, give the name of the control of the control of each stations, if any, give the name of the control of each stations, if any, gi	Structions in the paper SA1-2 form. list the community to which the start of the community with the communit			

7.3

7.4

WNPTDT

WNPTDT2

Ε

E-M

WNPTDT3	7.5	E-M
WNPXDT	32.3	I
WNPXDT2	32.4	I-M
WNPXDT3	32.5	I-M
WPGDDT	33.3	I
WSMVDT	10.3	N
WSMVDT2	10.4	N-M
WSMVDT3	10.5	N-M
WTVFDT	36.3	N
WTVFDT2	36.4	N-M
WTVFDT3	36.5	N-M
WUXPDT	21.6	l
WUXPDT2	21.7	I-M
WUXPDT3	21.8	I-M
WZTVDT	20.3	N
WZTVDT2	20.4	N-M
WZTVDT3	20.5	N-M

FORM SA1-2E. PAGE 3.

SYSTEM ID# 63655

elevision stations) time basis under rams [sections ations carried on a

ubstitute program

Log)—if the

so on some other xtions. PN, etc. Identify each port multistream

r the air in its community

a noncommercial pendent), "I-M" tional multicast).

n is licensed by the n is identified.

4. LOCATION OF STATION

ii 200/ii ion on on in iii on
Murfreesboro, TN
Lebanon, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN

Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Hendersonville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN
Nashville, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63655

Google Fiber Tennessee, LLC

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

Accounting Perio	nd: 2020/1					F∩R	M SA1-2E. PAGE 5.		
Accounting Ferr	LEGAL NAME OF OWNER OF	CABLE SY	STEM:			FOR	SYSTEM ID#		
Name	Google Fiber Tenness	see, LLC					63655		
Substitute	SUBSTITUTE CARRIAG on a substitute basis during a further explanation of the 2 form.	the accou programmi	nting period, u ng that must b	nder specific present and e included in this log, see	former FCC ı				
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and	broadcast by a distant station?								
Program Log	Note: If your answer is "No"		rest of this pag	ge blank. If your answer is	"Yes," you m				
	log in block 2.								
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call: Column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute prograce, please of every no distant state gulations, cles like "mo Bulls." In was broad sign of the sidness statice thand day we "5/7." It is when the Example: a er "R" if the and regulation in that ye was the sign of the sign of the sidness when the example: a er "R" if the and regulation in that ye was the sign of the sidness when the sidness when the example: a er "R" if the and regulation in that ye was the sidness when the sidness when the sidness was the sidnes	am on a separa add additional nnetwork televion and that your authorization ovies" or "basked dcast live, enter station broadca on's location (thons, if any, the when your system a program carrilisted program ons in effect di	rows to the tables. ision program ("substitute our cable system substitute our cable system substitute is. See page (v) of the getetball." List specific program "Yes." Otherwise enter "asting the substitute program community to which the community with which the tem carried the substitute gram was carried by your ided by a system from 6:01 was substituted for programing the accounting period	program") the d for the proneral instruction titles, for ending the station is lice a station is lice a station is lice program. Use cable system 15 p.m. to 6: amming that d; enter the leteral for the station is the station is lice at the station is li	at, during the accounting gramming of another sons for further informations are supported by the FCC or, intentified). In the numerals, with the management of the support	ng tation cion. or n onth tely		
					WHEN SUBSTITUTE				
	SI	JBSTITUT	E PROGRAM	1	CARRI	AGE OCCURRED	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. TIMES FROM — TO	DELETION		

•	2020/1	1 01 1111 07 1	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Google Fiber Tennessee, LLC	S	STEM ID 6365
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	
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 less than or equal to \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay accounting period is \$52.00	for this six-mo	nth
	Line 1. Royalty fee for accounting period	\$	52.00
	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 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	',100)	
	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 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	27,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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 Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and			
otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form for more informa-		ghts!

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period	2020/1					FORM SA1-2E. PAGE 7	
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: ennessee, LLC				SYSTEM ID: 63655	
Channels	CHANNELS INSTRUCTIONS. TOU MILES give (1) the number of channels on which 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. 32						
						325	
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 XiXi Tian Telephone (650) 253-0000 1600 Amphitheatre Parkway Address (Number, street, rural route, apartment, or suite number) Mountain View, CA 94043 (City, town, state, zip)						
	Email	access-compliar	ance@goo	gle.com	Fax (optional)		
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, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]						
			Enter an ele	/s/ Fleur Knowsley ectronic signature on the line abouture using an "/s/ signature" (e.g.			
			Manage	Fleur Knowsley er - Google Fiber Tenne corporation or partnership)	essee, LLC		
		Date:			08/31/2020		

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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2020/1	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ogle Fiber Tennessee, LLC	63655
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 fo lowing 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 s scribers 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	sub- Special Statement
located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissio made by satellite carriers to satellite dish owners?	ns
X NO	
YES. Enter the total here and list the satellite carrier(s) belov	
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	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance pleasontact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ase
** 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, pleal 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 Accounting period	

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.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)