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

	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.
		63671
		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 North Carolina, 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)
		Mountain 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
C	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:
	. '	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	_	(Number, sueet, rurarroute, 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.

Accounting Period: 2020/1 LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Google Fiber North Carolina, LLC Instructions: List each separate community served by the cable system. A "commur rules: "a separate and distinct community or municipal entity (including unincorpora D including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first com identification hereafter known as the "first community." Please use it as the first cc Note: Entities and properties such as hotels, apartments, condominiums, or mobile Area identified city. Served **CITY OR TOWN** Charlotte **First** Newell Community **UA-Mecklenburg County** Concord Add Rows as Necessary

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FORM SA1-2E. PAGE 1b.

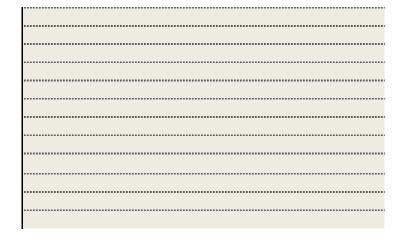
SYSTEM ID#

63671

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
NC
NC
STATE NC NC
NC
поточность по при



Accounting Period: 2020/1 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63671 Google Fiber North Carolina, 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 1,707 \$30/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

Burglar protection

Other services:

Reconnect

DisconnectOutlet relocationMove to new address

First set

Converter

Additional set(s)

• FM radio (if separate rate)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:					
Name	Google Fiber North Carolina, LLC					
	PRIMARY TRANSMITTERS:	: TELEVISION				
G	carried by your cable syste	lentify every television station (includinem during the accounting period, exce	pt (1) stations carried only on a p			
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 rules, regulations, or authorizations:	carried by your cable system on			
	• Do not list the station her	re in space G—but do list it in space I	(the Special Statement and Prog			
	station was carried <i>only</i> or List the station here, and	n a substitute basis. also in space I, if the station was carr	ied both on a substitute basis and			
	basis. For further informati	ion concerning substitute basis station	ns, see page (v) of the general ins			
		on's call sign. <i>Do not</i> report origination ed with a station according to its over-t	. •			
	"WETA-2" as the same on	the form.	-			
		nel number the FCC assigned to the te VRC is channel 4 in Washington, D.C.	•			
	Column 3: Indicate in each	h case whether the station is a networ	rk station, an independent station			
		ering the letter "N" (for network), "N-M), "E" (for noncommercial educational)				
	For the meaning of these t	terms, see page (iv) of the general ins	tructions in the paper SA1-2 form			
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station					
	ECC For Movison or Cons		•			
	FCC. For Mexican or Cana	adian stations, if any, give the name of	-			
	FCC. For Mexican or Cana		-			
	FCC. For Mexican or Cana 1. CALL SIGN		-			
		adian stations, if any, give the name of	f the community with which the st			
	1. CALL SIGN	adian stations, if any, give the name of 2. B'CAST CHANNEL NUMBER	f the community with which the st			
Add Rows as Necessary	1. CALL SIGN WAXNDT	2. B'CAST CHANNEL NUMBER 32	f the community with which the standard of the community with which the standard of the standa			
Add Rows as Necessary	1. CALL SIGN WAXNDT WAXNDT2	2. B'CAST CHANNEL NUMBER 32 32.2	f the community with which the st 3. TYPE OF STATION N N-M			
Add Rows as Necessary	1. CALL SIGN WAXNDT WAXNDT2 WAXNDT3	2. B'CAST CHANNEL NUMBER 32 32.2 32.3	f the community with which the state of the community with which the state of the s			
Add Rows as Necessary	1. CALL SIGN WAXNDT WAXNDT2 WAXNDT3 WAXNDT4	2. B'CAST CHANNEL NUMBER 32 32.2 32.3 32.4	f the community with which the state of the community with which the state of the s			
Add Rows as Necessary	1. CALL SIGN WAXNDT WAXNDT2 WAXNDT3 WAXNDT4 WBTVDT	2. B'CAST CHANNEL NUMBER 32 32.2 32.3 32.4 23.3	The community with which the state of the community with which the state of the sta			
Add Rows as Necessary	1. CALL SIGN WAXNDT WAXNDT2 WAXNDT3 WAXNDT4 WBTVDT WBTVDT2	2. B'CAST CHANNEL NUMBER 32 32.2 32.3 32.4 23.3 23.4	The community with which the state of the community with which the state of the sta			
Add Rows as Necessary	1. CALL SIGN WAXNDT WAXNDT2 WAXNDT3 WAXNDT4 WBTVDT WBTVDT2 WBTVDT3	2. B'CAST CHANNEL NUMBER 32 32.2 32.3 32.4 23.3 23.4 23.5	The community with which the state of the community with which the state of the sta			
Add Rows as Necessary	1. CALL SIGN WAXNDT WAXNDT2 WAXNDT3 WAXNDT4 WBTVDT WBTVDT2 WBTVDT3 WBTVDT4	2. B'CAST CHANNEL NUMBER 32 32.2 32.3 32.4 23.3 23.4 23.5 23.6	The community with which the state of the community with which the state of the sta			
Add Rows as Necessary	1. CALL SIGN WAXNDT WAXNDT2 WAXNDT3 WAXNDT4 WBTVDT WBTVDT2 WBTVDT3 WBTVDT4 WCCBDT	2. B'CAST CHANNEL NUMBER 32 32.2 32.3 32.4 23.3 23.4 23.5 23.6 16.3	The community with which the state of the community with which the state of the sta			
Add Rows as Necessary	1. CALL SIGN WAXNDT WAXNDT2 WAXNDT3 WAXNDT4 WBTVDT WBTVDT2 WBTVDT3 WBTVDT4 WCCBDT WCCBDT2	2. B'CAST CHANNEL NUMBER 32 32.2 32.3 32.4 23.3 23.4 23.5 23.6 16.3 164	The community with which the state of the community with the state of the community with the state of the community with the community with the state of the community with the communit			
Add Rows as Necessary	1. CALL SIGN WAXNDT WAXNDT2 WAXNDT3 WAXNDT4 WBTVDT WBTVDT2 WBTVDT3 WBTVDT4 WCCBDT WCCBDT2 WCCBDT3	2. B'CAST CHANNEL NUMBER 32 32.2 32.3 32.4 23.3 23.4 23.5 23.6 16.3 164 16.5	The community with which the state of the community with which the state of the sta			
Add Rows as Necessary	1. CALL SIGN WAXNDT WAXNDT2 WAXNDT3 WAXNDT4 WBTVDT WBTVDT2 WBTVDT3 WBTVDT4 WCCBDT WCCBDT2 WCCBDT3 WCCBDT5	2. B'CAST CHANNEL NUMBER 32 32.2 32.3 32.4 23.3 23.4 23.5 23.6 16.3 16.4 16.5 16.7	The community with which the state of the community with which the state of the sta			

24.2

WCNCDT2

N-M

WCNCDT4	24.4	N-M
WJZYDT	25.3	N
WJZYDT2	25.6	N-M
WJZYDT3	25.5	N-M
WJZYDT5	25.7	N-M
WJZYDT7	25.9	N-M
WMYTDT	25.4	N
WNSCDT	34	E
WSOCDT	19	N
WSOCDT2	19.2	N-M
WTVIDT	9.3	E
WTVIDT2	9.4	E-M
WTVIDT3	9.5	E-M
WUNGDT	21.3	E
WUNGDT2	21.4	E-M
WUNGDT3	21.5	E-M
WUNGDT4	21.6	E-M
WUVCDT	22	N
WUVCDT2	22.2	N-M
WUVCDT3	22.3	N-M
WUVCDT4	22.4	N-M

FORM SA1-2E. PAGE 3.

SYSTEM ID# 63671

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

ubstitute program

Log)—if the

so on some other tions.
PN, etc. Identify each ort 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

China Grove, North Carolina

China Grove, North Carolina

China Grove, North Carolina

KANNAPOLIS, North Carolina

Charlotte, North Carolina

Charlotte, North Carolina

Charlotte, North Carolina

Charlotte, North Carolina

Charlotte, North Carolina

Charlotte, North Carolina

Charlotte, North Carolina

Charlotte, North Carolina

Charlotte, North Carolina

Charlotte, North Carolina

Charlotte, North Carolina

Charlotte, North Carolina
Belmont, North Carolina
Hickory, North Carolina
Rock Hill, South Carolina
Shelby, North Carolina
Shelby, North Carolina
Charlotte, North Carolina
Charlotte, North Carolina
Charlotte, North Carolina
Concord, North Carolina
Concord, North Carolina
Concord, North Carolina
Concord, North Carolina
Fayetteville, North Carolina
Fayetteville, North Carolina
Fayetteville, North Carolina
Fayetteville, North Carolina

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Google Fiber North Carolina, LLC

63671

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								FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	F CABLE SY	STEM:						10111	SYSTEM ID#
Name	Google Fiber North C	arolina, l	LLC							63671
ı	SUBSTITUTE CARRIAG on a <i>substitute basis</i> during a further explanation of the	g the accou	nting period, u	nder specific present ar	nd forme					
Substitute Carriage:	2 form. 1. SPECIAL STATEMEN	T CONCE	DNING CUR	CTITUTE CARRIACE						
Special						ny nonne	etwork tele	-visi	nn nroara	m
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Program Log	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.	, leave the	rest of this pay	ge blank. II your answei	15 165	, you iii	usi compi	ele i	ne progra	1111
	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. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in							g ation on. r anth ely		
	effect on October 19, 1976.					WHE	N SUBS	TITI	ITF	
	SI	JBSTITUT	E PROGRAM	Л		0,02 000022				7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	1 1 -	MONTH ID DAY	6. FROM	TIMI	≣S TO	DELETION

•	2020/1	FORM SA1-2E. PAGE 6						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Google Fiber North Carolina, LLC	SYSTEM ID# 63671						
		0307						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transn (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service						
_	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 paraccounting period is \$52.00	y for this six-month						
	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 1 and 2	·						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)						
	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 \$5	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	434.60						
	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	\$ 1,753.60						
	FILING FEE AND TOTAL REMITTANCE DUE							
Filling For								
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,753.60						
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	\$ 1,773.60						
	Important: Your remittance must be in the form of an electronic payment payable to the Reg See page i of the general instructions in the paper SA1-2 form for more inform							

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

Accounting Period	2020/1					FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: orth Carolina, LLC				SYSTEM ID: 6367'
Channels	to its subscribers, 1. Enter the total n	- , ,	otal numbe	er of activated channels	during the accounting period.	36
	on which the cable	umber of activated channels system carried television broservices	roadcast st			328
N Individual to Be Contacted		E CONTACTED IF FURTHE out this statement of account		MATION IS NEEDED (I	dentify an individual to whom	
for Further Information	Address	XiXi Tian 1600 Amphitheatre Pa (Number, street, rural route, apartr Mountain View, CA 9 (City, town, state, zip)	Parkway		Telepho	ne (650) 253-0000
	Email	access-compliar	ance@goo	gle.com	Fax (optional)	
Certification	(Owner (Agent of in line 1 of in l	other than corporation or part of owner other than corporation of space B and that the owner is or partner) I am an officer (if a of space B.	e, but only o urtnership) I ion or partn is not a corporation a corporation	am the owner of the cable nership) I am the duly authoration or partnership; or n) or a partner (if a partnership are under penalty of law tha	ordance with Copyright Office regularized agent of the owner of the cable hip) of the legal entity identified as own all statements of fact contained hereing made in good faith.	B; or system as identified her of the cable system
			Enter an ele	/s/ Fleur Knowsley ectronic signature on the I iture using an "/s/ signature	ne above to certify this statement. e" (e.g., /s/ John Smith)	_
			Manage	Fleur Knowsley er - Google Fiber N corporation or partnership)	lorth Carolina, 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)

counting Period: 2020/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ogle Fiber North Carolina, LLC	63671
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 a 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.	ane.
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?	ons
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	
x days	
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 pleat contact 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, ple 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	

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