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
2/18/2021
\$
ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))			
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31			
		20202 Barcode Data Filing Period (optional - see instructions)			
counting Period					
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.			
Owner		List any other name or names under which the owner conducts the business of the cable system.			
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.			
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.			
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
		Morris Broadband, LLC			
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)			
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM			
		725 Broad Street (Number, street, rural route, apartment, or suite number)			
		Augusta, GA 30901 (City, Iown, state, zip)			
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:				
	1	West Jefferson			
	2	MAILING ADDRESS OF CABLE SYSTEM: 725 Broad St. (Number, street, rural route, apartment, or suite number)			
		Augusta, GA 30901 (City, town, state, zip code)			

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Morris Broadband, LLC	2034
	Instructions: List each separate community served by the cable system. A "community" is the	ne same as a "community unit" as defined in FCC rules
D	"a separate and distinct community or municipal entity (including unincorporated communit	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se	erve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home pa	arks should be reported in parentheses below the
Area	identified city.	
Served		
		STATE
First	West Jefferson	NC
Community	Lansing	NC
	Jefferson	NC
dd Rows as Necessary	Unincorporated Ashe County	NC
·····,		NC
		NC
		NC
		NC
		NC

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							-2E. PAGE
Name	Morris Broadband, LLC							010	2034
Е	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission	pace E should	cover a	Il categories of	secondar	•			
Secondary Transmission Service: Sub- scribers and Rates	about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate c	I (June 30 or D n blocks in space y transmission umber of billing ice at the rate i	ecembe ce E cal service gs in tha indicate	er 31, as the cas Il for the number . In general, you It category (the i d—not the num	e may be of subso can com number c ber of set	e). cribers to the ca pute the numb of persons or or ts receiving services	ble systen er of subso ganization vice).	n, broken cribers in s charged	
	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. Not categories, that person or entity	ounts allowed in space E, the to their subsc e: Where an in	for adva e form li ribers. (dividual	ance payment. ists the categori Give the number I or organization	es of sec of subso is receiv	ondary transmis cribers and rate ing service that	ssion serv for each li falls unde	ice that cable sted category r different	
	subscriber who pays extra for ca first set" and would be counted or Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	able service to a price again und has rate catego iers of services and rates, in the	addition er "Serv ories for s that ind	al sets would be vice to additiona secondary tran clude one or mo	e included I set(s)." smission re secon	d in the count un service that are dary transmissi	nder "Serv e different ons), list th	ice to the from those nem, together service is	
	BLC	DCK 1 NO. OF					BLOCI	K 2 NO. OF	<u> </u>
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set		510	38.49					
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel		36	38.49					
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscrit hose services t re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg	ber) info that are ns: you hished to usually he cable stem fur ge was r de the ra	rmation with res not offered in c do not need to o nonsubscriber billed. If any rat e system for eac nished or offere nade or establis	pect to a ombinatio give rate s. Rate ir es are ch ch of the d during	on with any sec information cor nformation shou narged on a var applicable servi the accounting	ondary tra cerning (1 ld include able per-p ces listed. period tha	nsmission) services both the program basis, t were not	
	CATEGORY OF SERVICE			ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:					2/15/2021	2		
	• Pay cable	11.95-18.95		tel, hotel				ded basic	76.
	Pay cable—add'l channel Eire protection	8.00		nmercial / cable			Digital	tier	9.
	 Fire protection Burglar protection 		-	/ cable / cable-add'l cha	nnel				
	Installation: Residential		-	protection					
	First set	45.00		glar protection					
	 Additional set(s) 	25.00	Other s	services:					
	 FM radio (if separate rate) Converter 		• Dise	connect connect		29.00 29.00			
			Out	let relocation					

Accounting Period:	2020/2			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Humo	Morris Broadband, LL	C		20348					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary	carried by your cable syster FCC rules and regulations i	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-t he carriage of certain network progra	ime basis under ams [sections					
Transmitters: Television	substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:								
	 Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other 								
	basis. For further informatio Column 1: List each station	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination	, see page (v) of the general instruct program services such as HBO, ESF	ons. PN, etc. Identify each					
	multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community								
	Column 3: Indicate in each	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M"							
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WBTV	23	Ν	Charlotte, NC					
	WCYB-NBC	5	N	Bristol, VA					
Add Rows as Necessary	WJZY	25	Ν	Charlotte, NC					
	WUNC	19	E	Chapel Hill, NC					
	WSOC	12	Ν	Charlotte, NC					
	WCYB-CW	5.2	I-M	Bristol, VA					
	WAXN	30	I	Kannapolis, NC					
	WSOC-2	12.2	I-M	Charlotte, NC					
	WAXN-2	30.2	I-M	Kannapolis, NC					
	WAXN-3	30.2	I-M	Kannapolis, NC					

LEGAL NAME O Morris Broa								SYSTEM I 203
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	i it is carried b monitoring, to prmation abou rm. dentify the call state whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of o the static ion's sign g a checl n's locati	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 this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during co ge (v) of the g system 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	
UNEL OIGH		5,0		UNEL OIGH		5,0	LOOMION OF STATION	

Accounting Perio							FOR	VI SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Morris Broadband, LL	С						20348
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm	01	· · ·	•	, 0	, ,		
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syste	m carry, on a substitute ba	isis, any noni	network tele	evision prog	ram
Program Log	broadcast by a distant sta	tion?				L	YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	must comp	lete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ate line. Use abbreviation	s wherever n	ossible if t	heir meanin	n ie
	clear. If you need more spa				s wherever p			y 13
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ries like "mo						
	"NBA Basketball: 76ers vs.		dcast live ent	er "Yes." Otherwise enter	"No "			
	Column 3: Give the call	sign of the	station broadd	casting the substitute prog	ram.			
	Column 4: Give the broat the case of Mexican or Car			the community to which th			the FCC or,	in
				stem carried the substitute			ls, with the r	nonth
	first. Example: for May 7 gi	ve "5/7."						
	Column 6: State the tim to the nearest five minutes.			ogram was carried by you ried by a system from 6:0?				ately
	stated as "6:00-6:30 p.m."				·	•		
	Column 7: Enter the lett to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976							
					WHE	N SUBSTI	TUTE	
	S					AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— то	
							_	
							_	
							_	
							<u> </u>	
							<u> </u>	
							<u></u>	
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							_	
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						[
1	1	1	1	i i i i i i i i i i i i i i i i i i i		1		1

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Morris Broadband, LLC	S	YSTEM ID# 20348
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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	3,056.73 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 \$2 • 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 for accounting period is \$52.00	this six-mon	
	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 \$137,1		
	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 \$527	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 Foo and			
Filing Fee and Total Remittance Due	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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER O Morris Broadband, LL				SYSTEM ID# 20348
M Channels	-		of channels on which the cable system carried to total number of activated channels during the a		
	1. Enter the total number system carried televisior		ch the cable s		10
	 Enter the total number on which the cable syster and nonbroadcast service 	em carried television	n broadcast stations		171
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this		HER INFORMATION IS NEEDED (Identify an ir unt.)	dividual to whom	
for Further Information	Name Mere	dith Holodak		Telephone 7	06-823-3738
	(Number	street, rural route, apa stra, GA 30901 m, state, zip)	rtment, or suite number)		
	Email	meredith.holoo	dak@morris.com	Fax (optional) 706-823-3703	
O Certification	 I, the undersigned, hereb (Owner other the in line 1 of s X (Officer or par in line 1 of s I have examined the state 	y certify that (Check han corporation or pace B and that the tner) I am an officer pace B. ement of account an rrect to the best of m 1986)]	10100000000000000000000000000000000000	as identified in line 1 of space B; gent of the owner of the cable sy the legal entity identified as owner ements of fact contained herein de in good faith.	/stem as identified
		Title: (Title of Date:	President & CEO official position held in corporation or partnership) 2/15/2021		

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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
rris Broadband, LLC	2034
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	
	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer
x	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	

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