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				
1/20/21	\$ 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

_	1	
A	ACCO	DUNTING 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		
	1	Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Sandhill Connextions
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. Box 519, 122 S. Main Street (Number, street, rural route, apartment, or suite number)
		Jefferson, SC 29718 (City, town, state, zip)
	<u> </u>	(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless 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	4	IDENTIFICATION OF CABLE SYSTEM:
	1	
		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 suffciency of the fling, a determination that would be made by a court of law.

Name    LEGAL NAME OF COMER OF CABLE SYSTEM. SYSTEM INTO SAndhill Connextions   SYSTEM INTO SAndhill Connextions		2000/0	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Sandhill Connextions 22004	Accounting Period:	2020/2	FORM SAL 2E DAGE 15
Area Served  City OR TOWN  Community  Activations and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  Community  Add Rows as Necessary  Add Rows as Necessary  Check to Check the field  Check the field city.  Check the field community is the same as a "community intil" as defined in FCC rules;  as a form of system identified city will serve as a form of system identified communities within unincorporated communities with a pa		LEGAL NAME OF OWNER OF CARLE SYSTEM:	
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 parks should be reported in parentheses below the identified city.  City OR TOWN STATE  Bennettsville SC MCCOI  MCCOI  Tatum SC Cheraw SC Cheraw SC Cheraw SC Chesterfield SC Darlington SC Wallace SC Society Hill SC	Name		
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  Bennettsville CIGO CIGO SC McColl SC Cheraw SC Cheraw SC Cheraw SC Chesterfield SC Chesterfield SC Darlington SC Wallace SC Society Hill SC			
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 parks should be reported in parentheses below the identified city.    CITY OR TOWN	_		
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 parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  Bennettsville Community CIIio SC MCCOII Add Rows as Necessary Tatum SC Cheraw SC Cheraw SC Chesterfield SC Chesterfield SC SC Wallace SC Wallace SC Society Hill SC	D		
Area Served  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN STATE  Bennettsville Community  CIGO MCCOII  Add Rows as Necessary  Add Rows as Necessary  Cheraw Cheraw SC Chesterfield SC Darlington SC Wallace SC Society Hill SC			t will serve us a form of system identification hereafter known
Area Served identified city.  CITY OR TOWN STATE  First Bennettsville SC  Community Clio SC  McColl SC  Add Rows as Necessary Cheraw SC  Cheraw SC  Chesterfield SC  Darlington SC  Wallace SC  Society Hill SC			ome parks should be reported in parentheses below the
CITY OR TOWN   STATE			and paring should be reported in parentineses selent the
First Community         Bennettsville         SC           Add Rows as Necessary Add Ro	Served		
First Community         Bennettsville         SC           Add Rows as Necessary Add Ro			
First Community         Bennettsville         SC           Add Rows as Necessary Add Ro		CITY OR TOWN	STATE
Community         Clio         SC           MCCOII         SC           Add Rows as Necessary         Tatum         SC           Cheraw         SC           Chesterfield         SC           Darlington         SC           Wallace         SC           Society Hill         SC	First		
MCCOII SC   SC			
Add Rows as Necessary    Tatum   SC			
Cheraw         SC           Chesterfield         SC           Darlington         SC           Wallace         SC           Society Hill         SC	Add Pows as Necessary		
Chesterfield         SC           Darlington         SC           Wallace         SC           Society Hill         SC	Add Nows as Necessary		
Darlington SC Wallace SC Society Hill SC			
Wallace SC Society Hill SC			
Society Hill SC			
		MCDee	
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			011111111111111111111111111111111111111

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

22004

# Ε

Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**Sandhill Connextions** 

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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken 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 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.

BLO	OCK 1		BLOCK	(2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	00000.1.02.1.0		5.11265111 61 G2111162	3323.4.22.43	
Service to first set	1,047	38.95	Expanded Basic	1,175	45.00
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					

# F

Services Other Than Secondary Transmissions: Rates

# 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 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, 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.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not 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			
Pay cable		Motel, hotel		НВО	18.95
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Cinemax	15.95
<ul> <li>Fire protection</li> </ul>		• Pay cable		Showtime Unlimited	15.95
•Burglar protection		Pay cable-add'l channel		Starz/Encore	15.95
Installation: Residential		Fire protection			
• First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation	90.00		
		Move to new address			

Mana	LEGAL NAME OF OWNER OF CABLE SYSTEM:					
Name	Sandhill Connextions IPTV					
E	SECONDARY TRANSMISSION In General: The information in s	pace E should cover a	Il categories of	secondary		
Secondary	system, that is, the retransmission					
Transmission	about other services (including pay cable) in space F, not here. All the facts you select that day of the accounting period (June 30 or December 31, as the case may be).					
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscri					
scribers and	down by categories of secondary	transmission service.	In general, you	ı can comp		
Rates	each category by counting the not separately for the particular serving Rate: Give the standard rate of unit in which it is generally billed category, but do not include discounted Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for categories and would be counted or	ice at the rate indicated harged for each categor (Example: "\$20/mth") ounts allowed for advain space E, the form list to their subscribers. Our Where an individual should be counted as able service to additional	d—not the num ory of service. I . Summarize an ince payment. sts the categorial control or organization a subscriber in all sets would be	ber of sets notlude both my standard les of secor of subscril is receiving each applice included in		
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a	ers of services that inc	secondary tran	smission so ore seconda		
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ers of services that inc nd rates, in the right-h	secondary tran	smission so ore seconda		
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ers of services that income nd rates, in the right-h	secondary tran	smission so ore seconda		
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	ers of services that inc nd rates, in the right-h	secondary tran	esmission so ore seconda o- or three-		
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.  BLO	ers of services that inc nd rates, in the right-h OCK 1 NO. OF	secondary tran clude one or mo and block. A tw	esmission so ore seconda o- or three-		
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.  BLO  CATEGORY OF SERVICE	ers of services that inc nd rates, in the right-h OCK 1 NO. OF	secondary tran clude one or mo and block. A tw	esmission so ore seconda o- or three-		
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.  BLO  CATEGORY OF SERVICE  Residential:	ers of services that income and rates, in the right-hook 1  NO. OF  SUBSCRIBERS	secondary tran clude one or mo and block. A tw RATE	esmission so ore seconda o- or three-		
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.  BLO  CATEGORY OF SERVICE  Residential:  • Service to first set  • Service to additional set(s)	ers of services that income and rates, in the right-hook 1  NO. OF  SUBSCRIBERS	secondary tran clude one or mo and block. A tw RATE	esmission so ore seconda o- or three-		
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.  BLO  CATEGORY OF SERVICE  Residential:  • Service to first set  • Service to additional set(s)  • FM radio (if separate rate)	ers of services that income and rates, in the right-hook 1  NO. OF  SUBSCRIBERS	secondary tran clude one or mo and block. A tw RATE	esmission so ore seconda o- or three-		
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.  BLO  CATEGORY OF SERVICE  Residential:  • Service to first set  • Service to additional set(s)	ers of services that income and rates, in the right-hook 1  NO. OF  SUBSCRIBERS	secondary tran clude one or mo and block. A tw RATE	esmission so ore seconda o- or three-		
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.  BLO  CATEGORY OF SERVICE  Residential:  • Service to first set  • Service to additional set(s)  • FM radio (if separate rate)  Motel, hotel	ers of services that income and rates, in the right-hook 1  NO. OF  SUBSCRIBERS	secondary tran clude one or mo and block. A tw RATE	esmission so ore seconda ore or three-		
	Block 2: If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.  BLO  CATEGORY OF SERVICE  Residential:  Service to first set Service to additional set(s) FM radio (if separate rate)  Motel, hotel  Commercial	ers of services that income and rates, in the right-hook 1  NO. OF  SUBSCRIBERS	secondary tran clude one or mo and block. A tw RATE	esmission so ore seconda ore or three-		

F

**Services** Other Than Secondary **Transmissions: Rates** 

In General: Space F calls for rate (not subscriber) information with respect to all y not covered in space E, that is, those services that are not offered in combination service for a single fee. There are two exceptions: you do not need to give rate in furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate info amount of the charge and the unit in which it is usually billed. If any rates are char enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the ap Block 2: List any services that your cable system furnished or offered during th

listed in block 1 and for which a separate charge was made or established. List th brief (two- or three-word) description and include the rate for each.

	BLO	CK 1
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE
Continuing Services:		Installation: Non-residential
• Pay cable		• Motel, hotel
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial
<ul> <li>Fire protection</li> </ul>		• Pay cable
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>
Installation: Residential		Fire protection
• First set		Burglar protection
<ul><li>Additional set(s)</li></ul>		Other services:
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect
<ul> <li>Converter</li> </ul>		Disconnect
		Outlet relocation
		<ul> <li>Move to new address</li> </ul>

# SYSTEM ID# 22004

transmission service of the cable tem to subscribers. Give information state must be those existing on the

bers to the cable system, broken ute the number of subscribers in persons or organizations charged receiving service).

I the amount of the charge and the rate variations within a particular rate

ndary transmission service that cable bers and rate for each listed category g service that falls under different able category. Example: a residential n the count under "Service to the

ervice that are different from those ary transmissions), list them, together word description of the service is

BLOCK	( 2	
GORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
ed Basic	8	57.00

your cable system's services that were with any secondary transmission formation concerning (1) services armation should include both the rged on a variable per-program basis,

oplicable services listed.
e accounting period that were not

nese other services in the form of a

BLOCK 2	
CATEGORY OF SERVICE	RATE
Starz/Encore	12.00
Epix	7.00
	Starz/Encore Epix

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 22004

# Sandhill Connextions

# G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a 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 information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, 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 of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBTW DT	21	l	Florence, SC
WBTW 2	18	l	Myrtle Beach, SC
WBTW HD	18.1	I-M	Myrtle Beach, SC
WFXB DT	18.2	I-M	Myrtle Beach, SC
WFXB MeTV	18.3	I-M	Myrtle Beach, SC
WFXB Weather	45	l	Florence, SC
WFXB HD	45.1	I-M	Florence, SC
WJPM DT	16	N	Florence, SC
WJPM HD	16.1	N-M	Florence, SC
WPDE DT	32	N	Myrtle Beach, SC
WPDE HD	32.1	I-M	Myrtle Beach, SC
WMBF DT	32.2	I-M	Myrtle Beach, SC
WMBF HD	32.3	I-M	Myrtle Beach, SC
WMBF Bounce TV	13	N	Florence, SC
WMBF Grit	13.1	I-M	Florence, SC
WWMB	13.2	I-M	Florence, SC

	LEGAL NAME OF OWNER OF CAL	BLF SYSTEM:
Name	Sandhill Connextions	IPTV
	PRIMARY TRANSMITTERS:	TELEVISION
G	In General: In space G, identify	every television station (including training the accounting period, except (1
Primary ransmitters:	76.59(d)(2) and (4), 76.61(e)(2) substitute program basis, as exp	
Television	basis under specific FCC rules,  • Do <i>not</i> list the station here in s	space G—but do list it in space I (the
	basis. For further information co	Ibstitute basis.  In space I, if the station was carried Incerning substitute basis stations, so all sign. Do not report origination programments as a station according to its over-the-a
	of license. For example, WRC is Column 3: Indicate in each case	mber the FCC assigned to the televi s channel 4 in Washington, D.C. e whether the station is a network sta
	(for independent multicast), "E" (For the meaning of these terms, Column 4: Give the location of FCC. For Mexican or Canadian	the letter "N" (for network), "N-M" (for noncommercial educational), or see page (iv) of the general instruct each station. For U.S. stations, list the stations, if any, give the name of the
	(for independent multicast), "E" (For the meaning of these terms, Column 4: Give the location of FCC. For Mexican or Canadian states of the Column 4: CALL SIGN	(for noncommercial educational), or see page (iv) of the general instruct each station. For U.S. stations, list the stations, if any, give the name of the
	(for independent multicast), "E" (For the meaning of these terms, Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN  WAXN-DT	(for noncommercial educational), or see page (iv) of the general instructeach station. For U.S. stations, list the stations, if any, give the name of the company of the co
Pour as Necessary	(for independent multicast), "E" (For the meaning of these terms, Column 4: Give the location of FCC. For Mexican or Canadian STATE OF THE SIGN  1. CALL SIGN  WAXN-DT  WAXN-TV	(for noncommercial educational), or see page (iv) of the general instructeach station. For U.S. stations, list the stations, if any, give the name of the company of the co
l Rows as Necessary	(for independent multicast), "E" (For the meaning of these terms, Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN  WAXN-DT  WAXN-TV  WBTW DT	(for noncommercial educational), or see page (iv) of the general instructeach station. For U.S. stations, list the stations, if any, give the name of the company of the co
d Rows as Necessary	(for independent multicast), "E" (For the meaning of these terms, Column 4: Give the location of FCC. For Mexican or Canadian STATE OF THE SIGN  1. CALL SIGN  WAXN-DT  WAXN-TV	(for noncommercial educational), or see page (iv) of the general instructed station. For U.S. stations, list to stations, if any, give the name of the company of the compa
d Rows as Necessary	(for independent multicast), "E" (For the meaning of these terms, Column 4: Give the location of FCC. For Mexican or Canadian STATE OF THE TOTAL SIGN  WAXN-DT  WAXN-TV  WBTW DT  WBTV-DT1	(for noncommercial educational), or see page (iv) of the general instructed station. For U.S. stations, list the stations, if any, give the name of the company of the comp
d Rows as Necessary	(for independent multicast), "E" (For the meaning of these terms, Column 4: Give the location of FCC. For Mexican or Canadian 1. CALL SIGN  WAXN-DT  WAXN-TV  WBTW DT  WBTV-DT1  WBTV-DT2	(for noncommercial educational), or see page (iv) of the general instructed station. For U.S. stations, list the stations, if any, give the name of the company of the comp
ld Rows as Necessary	(for independent multicast), "E" (For the meaning of these terms, Column 4: Give the location of FCC. For Mexican or Canadian STATE OF THE TOTAL SIGN  1. CALL SIGN  WAXN-DT  WAXN-TV  WBTW DT  WBTV-DT1  WBTV-DT2  WBTV-DT	(for noncommercial educational), or see page (iv) of the general instructed station. For U.S. stations, list to stations, if any, give the name of the stations, if any, give the name of the stations of the
ld Rows as Necessary	(for independent multicast), "E" (For the meaning of these terms, Column 4: Give the location of FCC. For Mexican or Canadian STATE OF THE TOTAL SIGN  1. CALL SIGN  WAXN-DT  WAXN-TV  WBTW DT  WBTV-DT1  WBTV-DT2  WBTV-DT  WCCB-DT	(for noncommercial educational), of see page (iv) of the general instruction and station. For U.S. stations, list stations, if any, give the name of the commercial educational), or see page (iv) of the general instruction and stations, list stations, if any, give the name of the commercial education and stations. It is stational, or see page (iv) of the general instruction and stational, or see page (iv) of the general instruction and stational, or see page (iv) of the general instruction and stational, or see page (iv) of the general instruction and stational, or see page (iv) of the general instruction and stational, or see page (iv) of the general instruction and stational, or see page (iv) of the general instruction and stational, or see page (iv) of the general instruction and stational, or see page (iv) of the general instruction and stational, or see page (iv) of the general instruction and stational, or see page (iv) of the general instruction and stational, or see page (iv) of the general instruction and stational, or see page (iv) of the general instruction and stational, or see page (iv) of the general instruction and stational, or see page (iv) of the general instruction and stational, or see page (iv) of the general instruction and stational instruction and s

WFXB MeTV

36.1

WHKY	14
WJPM DT	16
WJPM HD	16.1
WJPM-DT3	16.2
WJZY	46
WMBF DT	32
WMYT	25
WPDE DT	15
WSOC-DT	12
WWMB	21

# SYSTEM ID# 22004

slator stations and low power television stations) stations carried only on a part-time basis under arriage of certain network programs [sections (2) and (4))]; and (2) certain stations carried on a

d by your cable system on a substitute program

pecial Statement and Program Log)—if the

th on a substitute basis and also on some other page (v) of the general instructions. am services such as HBO, ESPN, etc. Identify each designation. For example, report multistream

on station for broadcasting over the air in its community

on, an independent station, or a noncommercial network multicast), "I" (for independent), "I-M" -M" (for noncommercial educational multicast). ns in the paper SA1-2 form. community to which the station is licensed by the ommunity with which the station is identified.

3. TYPE OF STATION	4. LOCATION OF STATION
l	Kannapolis, NC
I-M	Kannapolis, NC
N	Florence, SC
N	Charlotte, NC
N-M	Charlotte, NC
N-M	Charlotte, NC
1	Charlotte, NC
I-M	Charlotte, NC
N	Charlotte, NC
1	Myrtle Beach, SC
I-M	Myrtle Beach, SC

	Hickory, NC
E	Florence, SC
E-M	Florence, SC
E-M	Florence, SC
<u> </u>	Belmont, NC
N	Myrtle Beach, SC
l	Rock Hill, SC
N	Florence, SC
N	Charlotte, NC
	Florence, SC
***************************************	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Sandhill Connextions 22004

### 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
						ļ 	
						<del> </del>	
						ļ 	
	L	1	L	L	L	l	l

Accounting Perio	nd: 2020/2						FORM	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				1010	SYSTEM ID#
	Sandhill Connextions							22004
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs.	ify every no accounting pring that mu  T CONCERTION, did you tion?  ", leave the E PROGRATITUTE prograce, please of every no distant state gulations, cries like "mo Bulls."	eriod, under spist be included  RNING SUBS  ur cable system  e rest of this pa  AMS  am on a separadd additional connetwork tele tion and that y or authorization ovies" or "bask	ision program, broadcast by becific present and former F in this log, see page (v) of to TITUTE CARRIAGE on carry, on a substitute base age blank. If your answer is ate line. Use abbreviations I rows to the tables. Vision program ("substitute our cable system substitute our cable system substitutes. See page (v) of the general substitutes. See page (v) of the general substitutes. See page (v) of the general substitutes.	a distant star CC rules, reg he general ins sis, any nonr s "Yes," you r s wherever po e program") the d for the pro neral instruct am titles, for e	ulations, ostructions in the structions in the structions in the structions in the struction in the structure in the structur	r authorization n the paper S levision prog YES blete the prog their meaning g the account g of another s rther informa	ns. For a further A1-2 form.  ram  X NO gram  g is ing station tion.
	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 effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM	1		N SUBST AGE OCO		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		TIMES TO	DELETION

counting Period:					SA1-2E. PAGI			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Sandhill Connextions			,	SYSTEM II 220			
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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			-	<b>49,576.00</b> gross receipts)			
L Copyright Royalty Fee	IMPORTANT: You must complete a statement in space P concerning gross receipts.  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 \$263,800  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.							
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 O	R LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	alty fee tha	at you must pay fo	r this 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 1 an	nd 2					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LI	ESS (but	more than \$137,	100)				
	Base amount under statutory formula	\$	263,800.00	_				
	2. Enter amount of gross receipts from space K	\$	249,576.00	_				
	3. Subtract line 2 from line 1	\$	14,224.00	_				
	4. Enter the amount of gross receipts from space K		\$	249,576.00	-			
	5. Enter the amount from line 3		\$	14,224.00	-			
	6. Subtract line 5 from line 4		\$	235,352.00	-			
	7. Multiply line 6 by .005 (enter figure here)			\$	1,176.76			
	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 \$26	63,800 (b	out less than \$52	7,600)				
	Enter the amount of gross receipts from space K			_				
	Base amount under statutory formula	\$	263,800.00	_				
	3. Subtract line 2 from line 1			_				
	4. Multiply line 3 by .01		· · · · <u> </u>		<u>-</u>			
	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 D	UE						
Filing Fee and								
otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		<b>\$</b>	1,176.76	-			
Due	2. Filing Fee (See the instructions for more information on filing fee calculations	)	<u>\$</u>	20.00	-			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3.			\$	1,196.76			

Accounting Period:	2020/2				FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF OWNER OF Sandhill Connextions	CABLE SYSTEM:			SYSTEM ID# 22004			
M	_			s on which the cable system carried television broadcast stations per of activated channels during the accounting period.				
	Enter the total number o     system carried television			e	29			
	Enter the total number or on which the cable syster and nonbroadcast service.	m carried television bi		t stations	202			
N Individual to Be Contacted	INDIVIDUAL TO BE CONT we can contact about this s			RMATION IS NEEDED (Identify an individual to whom				
for Further Information	Name <b>Missy</b>	Sikes		Telephone	843-658-6850			
	Jeffers	ox 519 street, rural route, apartme son, SC 29718 , state, zip)	ent, or suil	le number)				
	Email	missy.sikes@my	sandhil	I.net Fax (optional)				
	CERTIFICATION (This state	ement of account mus	st be cer	tified and signed in accordance with Copyright Office regulations)				
O Certification	• I, the undersigned, hereby	certify that (Check on	e,but on	ly 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.							
		ect to the best of my k	-	eclare under penalty of law that all statements of fact contained hereinge, information, and belief, and are made in good faith.	n			
			X	/s/ C. Lee Chambers				
				electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)				
		Typed or printed r	name:	C. Lee Chambers				
		···		Manager on held in corporation or partnership)				
		Date:		01/18/2021				

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.

Accounting Period: 2020/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Sandhill Connextions	22004
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.	P Special Statement Concerning Gross Receipts Exclusion
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.	
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 Assessment
x_	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x day	ys
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	<u>-</u>
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	<b>;</b>
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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